



Board of Health Town of Southwick

454 College Highway, Southwick, MA 01077
Phone: (413) 569-1212 Fax (413) 569-5284



Public Health
Prevent. Promote. Protect.

Southwick Health Department

March 21, 2024

Dear Licensee,

Pursuant to 105 CMR 590.000 and the 2019 FDA Food Code the Southwick Health Department is testing a formal plan review process. The Food Code requires a plan be submitted for the construction of a new establishment or a substantial renovation of an existing establishment. A plan and application should be submitted at least 60 days prior to the start of construction. Please keep this in mind if you are planning any renovations.

Attached is a copy of the application which will also be posted on the town website. At this time there will be no fee associated with a plan submission and approval.

If you have previously done a plan review in another town, or you go through one here in Southwick I am open to suggestions and feedback. Ideally, I would like to make the process as simple as possible while still meeting the requirement of the Food Code.

The 2019 FDA Food Code states:

8-201 Facility and Operating Plans

8-201.11 When Plans Are Required.

A permit applicant or permit holder shall submit to the regulatory authority properly prepared plans and specifications for review and approval before:

- (A) The construction of a food establishment;*
- (B) The conversion of an existing structure for use as a food establishment; or*
- (C) The remodeling of a food establishment or a change of type of food establishment or FOOD operation as specified under ¶ 8-302.14(C) if the regulatory authority determines that plans and specifications are necessary to ensure compliance with this Code.*

You can contact me at 413-569-1212 or thibert@southwickma.gov if you have any questions.

Thank you for your cooperation,

Thomas Hibert, R.S.

Health Director

Southwick Health Department

413-569-1212

thibert@southwickma.gov

SOUTHWICK PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		Projected Start Date: _____ Projected Completion Date: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail food store <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 (e.g., ARCHITECT/ENGINEER)			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
FOOD OPERATION INFORMATION			
Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> 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 <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
The following documents must be submitted along with this application: <input type="checkbox"/> Proposed menu or complete list of food and beverages to be offered (including seasonal, catering and banquet menus) – <i>Standard Operating Procedures or HACCP plans may be required.</i> <input type="checkbox"/> Plans must be clearly drawn to scale (minimum 11 x 14 inches in size) 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 (dumpsters, well, septic system-if applicable). 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. Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11). Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans. <i>Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).</i>			
Signature: _____		Date: _____	
Print Name: _____		Title: _____	

Appendix B – REGULATORY COMPLIANCE REVIEW LIST

FOOD PREPARATION PROCEDURES

FOOD DELIVERY

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: _____

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	MEETS CRITERIA (RA to circle and Initial)
Washing FDA Food Code §3-302.15			YES/NO
Thawing FDA Food Code §3-501.13			YES/NO
Cooking FDA Food Code §3-401			YES/NO
Hot Holding Hot food maintained at 135°F			YES/NO
Cooling Time/Temperature Control for Safety food will be cooled to 41°F within 6 hours; 135°F to			YES/NO
Reheating Food must be reheated to a temperature of 165° for 15 seconds within 2 hours			YES/NO

FINISH SCHEDULE

INSTRUCTIONS: 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	MEETS CRITERIA (RA to circle and Initial)
Food Preparation					YES/NO
Dry Food Storage					YES/NO
Warewashing Area					YES/NO
Walk-in Refrigerators and Freezers					YES/NO
Service Sink					YES/NO
Refuse Area					YES/NO
Toilet Rooms and Dressing Rooms					YES/NO
Other: Indicate					YES/NO
Identify the finishes of cabinets, countertops, and shelving:					

PHYSICAL FACILITIES

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

TOPIC	MINIMUM CRITERIA	MEETS CRITERIA Circle and Initial)
Handwashing facilities	<ul style="list-style-type: none"> Identify number of the handwashing sinks in food preparation and warewashing areas: ____ Food Preparation ____ Warewashing Area Type of hand drying device? Disposable towels <input type="checkbox"/> Hand-drying device <input type="checkbox"/> 	YES/NO
Warewashing Facilities	<p>MANUAL DISHWASHING</p> <ul style="list-style-type: none"> Identify the length, width, and depth of the compartments of the 3-compartment sink: _____ Will the largest pot/ pan fit into each compartment of the 3-compartment sink? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what will be the procedure for manual cleaning and sanitizing of items that will not fit into sink compartments? _____ Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space: _____ What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water <p>MECHANICAL DISHWASHING</p> <ul style="list-style-type: none"> Identify the make and model of the mechanical dishwasher: _____ What type of sanitizer will be used? <input type="checkbox"/> Chemical Type: _____ <input type="checkbox"/> Hot Water Will ventilation be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Water Supply	<ul style="list-style-type: none"> Is the water supply public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> <ul style="list-style-type: none"> If private, has source been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> Attach copy of written approval and/or permit. Is ice made on premises or purchased commercially? Made on-site <input type="checkbox"/> Purchased <input type="checkbox"/> Will there be an ice bagging operation? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO

Sewage Disposal	<ul style="list-style-type: none"> Is the sewage system public or non-public/private? public <input type="checkbox"/> non-public/private <input type="checkbox"/> If private, has the sewage system been approved? Yes <input type="checkbox"/>* No <input type="checkbox"/> Attach copy of written approval and/or permit. Will grease traps/interceptors be provided? Yes <input type="checkbox"/>* No <input type="checkbox"/> *Identify location on plan. 	YES/NO
Backflow Prevention	<ul style="list-style-type: none"> Will all potable water sources be protected for backflow? Yes <input type="checkbox"/> No <input type="checkbox"/> Are all floor drains identified on the submit floor plan? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Toilet Facilities	<ul style="list-style-type: none"> Identify locations and number of toilet facilities: _____ Hot and cold water provided? Yes <input type="checkbox"/> No <input type="checkbox"/> 	YES/NO
Dressing Rooms	<ul style="list-style-type: none"> Will dressing rooms be provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe storage facilities for employee personal belongings _____ 	YES/NO
Linens	<ul style="list-style-type: none"> Will linens be laundered on site? Yes <input type="checkbox"/> No <input type="checkbox"/> 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? 	YES/NO
Poisonous/Cleaning Storage	<ul style="list-style-type: none"> 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? _____ 	YES/NO

Pest Control	<ul style="list-style-type: none"> • Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA • Will air curtains be used? If yes, where? _____ <p>Note: All pipes and electrical conduit chases must be sealed to prevent rodent access.</p>	YES/NO
Refuse, Recyclables, and Returnables	<ul style="list-style-type: none"> • Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Identify how and where garbage cans and floor mats will be cleaned? _____ • Will a dumpster or a compactor be used? <input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor • Identify locations of grease storage containers: _____ • Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ • Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ 	YES/NO