City of Taunton
Board of Health
45 School Street
Massachusetts 02780-3212

Board Members
Dr. Bruce E. Bodner
Dr. C. Nason Burden
Dr. Joseph F. Nates

Heather L. Gallant, MPH, RS
Executive Director

Adam S. Vickstrom
Assistant Executive Director

FOOD ESTABLISHMENT PLAN REVIEW PACKET

Establishment Name: _____

1. Plan review - what you need to do first
2. Food Establishment plan and specification review
3. Specifications
   - (a) Finish schedule
   - (b) Insect and Rodent Harborage
   - (c) Garbage and Refuse Inside
   - (d) Garbage and Refuse Outside
   - (e) Plumbing
   - (f) Handwashing Stations
   - (g) Water Supply
   - (h) Sewage Disposal
   - (i) Employee Restrooms/dressing rooms
   - (j) Storage and Laundry
   - (k) Exhaust Systems
   - (l) Sinks
   - (m) Dishwashing Facilities
4. Appendices / Examples
   - (a) Floor Plan
   - (b) Final Menu
5. Application for Food Service Permit
6. Application for Permit to Sell/Use Milk
7. Food Manager Certification
8. Food Establishment Fee Schedule
   - Make all checks payable to "The City of Taunton"
9. Food Establishment Definitions
10. Billing Policy
11. Food Allergy Awareness Act
12. City of Taunton Fats, Oils, and Grease (FOG) checklist

PLAN REVIEW - WHAT YOU NEED TO DO FIRST

Prior to plan review you must:

1. Submit floor plans (see example).
2. Submit a full menu of all food products, including beverages,that you plan to serve (see example).
3. Submit plan review fee: $50.00
4. Submit a separate check for the appropriate Food Service Permits. Confirm appropriate fee with the Health Agent before submitting check. (see attached Fee Schedule and Definition)
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 may begin.**
6. Complete a Food Service Application.
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.**
8. Please submit a **ZONING COMPLIANCE LETTER** from the city planner.
9. Please submit a **DBA, Business Certificate, or Incorporated Certificate.** Please see the City Clerk and Law Department for more information
10. Please submit the **HAZARDOUS MATERIALS PLAN REVIEW.**

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, wells, septic systems).
- ☐ Manufacturer's specification sheets for each piece of equipment (cut sheets).
- ☐ Proposed menu (including off-site and banquet menus).

SPECIFICATIONS

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]

	FLOOR	*COVING*	*WALLS*	*CEILING*
Kitchen				
Bar				
Warewashing area				
Food storage				
Other Storage:	*n/a*	*n/a*	*n/a*	*n/a*
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:_____
   - ☐ 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 costumers 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 Taunton 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.

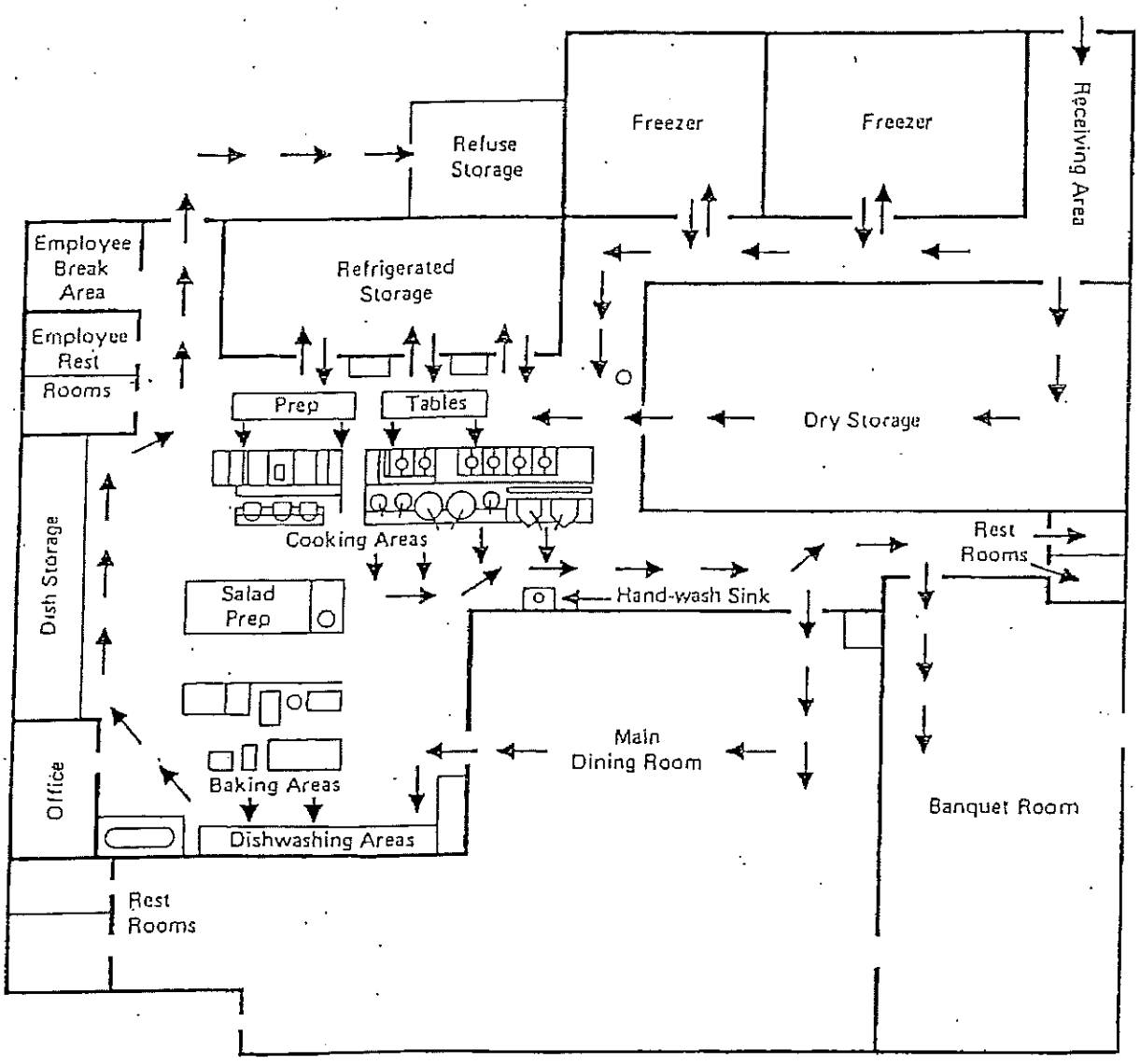
APPENDICES/ EXAMPLES

(a) Floor Plan
(b) Final Menu

- *The Taunton 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



L U N C H

Homemade Soup of the Day		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	2.95/3.95
		with Chicken	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
with choice of toppings	50¢ each
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		

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

cheese 50¢

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

FOR BOARD OF HEALTH USE ONLY

Date Received	Date Inspected	Approved By	Permit # Issued

Taunton Board of Health

Food Establishment Permit Application

(Application must be submitted at least 30 days before the current permit expires)

1) Establishment Name:

2) Establishment Address:

3) Establishment Mailing Address (if different):

4) Establishment Telephone No:

5) Applicant Name & Title:

6) Applicant Address:

7) Applicant Telephone No: 24 Hour Emergency No:

8) Owner Name & Title (if different from applicant):

9) Owner Address (if different from applicant):

10) Establishment Owned By:

- ☐ An association
- ☐ A corporation
- ☐ An individual
- ☐ A partnership
- ☐ Other legal entity_____

11) If a corporation or partnership, give name, title, and home address of officers or partner.

Name	Title	Home Address

12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)

Name & Title:

Address:

Telephone No: Fax:

Emergency Telephone No:

13) District Or Regional Supervisor *(if applicable)*

Name & Title:

Address:

Telephone No: Fax:

Food Establishment Information

14) Water Source: DEP Public Water Supply No: (*If applicable*)	15) Sewage disposal:
16) Days and Hours of Operation:	17) No. of Food Employees:

18) Name of Person In Charge Certified In Food Protection Management:
Required as of 10/1/2001in accordance with 105 CMR 590.003(A) [illegible]

19) Person Trained In Anti-Choking Procedures (If 25 seats or more): ☐ Yes ☐ No

20) Location:
(check one)
☐ Permanent Structure
☐ Mobile

22) Establishment Type*(check all that apply)*
☐ Retail (Sq. Ft)
☐ Food Service – (Seats)
☐ Food Service – Takeout
☐ Food Service – Institution
(Meals/Day)
☐ Caterer (vehicles)
☐ Food Delivery
☐ Residential Kitchen for Retail Sale
☐ Residential Kitchen for Bed and Breakfast Home
☐ Residential Kitchen for Bed and Breakfast Establishments
☐ Frozen Dessert Manufacturer

Other (Describe)

21) Length Of Permit:
(check one)
☐ Annual
☐ Seasonal/Dates:
☐ Temporary/Dates/Time:

22a) Additional Permits *(check all that apply)*
☐ Milk (used or sold)
☐ Frozen Dessert Machine (soft serve or yogurt)

23) Food Operations:
(check all that apply):

Definitions: *PHF – potentially hazardous food(time/temperature controls required)*
Non-PHFs – non- potentially hazardous food (no time/temperature controls required)
RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)

☐ Sale of Commercially Pre-Packaged Non-PHFs	☐ PHF Cooked To Order	☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
☐ Sale of Commercially Pre-Packaged PHFs	☐ Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	☐ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
☐ Delivery of Packaged PHFs	☐ Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	☐ Vacuum Packaging/Cook Chill
☐ Reheating of Commercially Processed Foods For Service Within 4 Hours.	☐ Customer Self-Service	☐ Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
☐ Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	☐ Ice Manufactured and Packaged for Retail Sale	☐ Offers Raw Or Undercooked Food Of Animal Origin.
☐ Preparation Of Non-PHFs	☐ Juice Manufactured and Packaged for Retail Sale	☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service
	☐ Offers RTE PHF in Bulk Quantities	
	☐ Retail Sale of Salvage, Out-of Date or Reconditioned Food	

Other (Describe):

To be completed by the Board of Health
Total Permit Fee:_____
Payment is due with application

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.

24) Signature of Applicant: _____

Pursuant to MGL 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 state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 983-6770 - Fax

Massachusetts Food Protection Manager Certification Exam and Trainer Directory

This directory was compiled to assist individuals and retail food businesses to find optional training programs and/or examinations for compliance with the food protection management certification requirement in 105 CMR 590.003(A)(2). Trainers listed in this directory:

1) meet the recommended instructor qualification identified in the *Massachusetts Guideline for Food Protection Manager Training Programs,*
2) use one or more of the Food Protection Manager Certification exams recognized in Massachusetts. The exams are provided by one of the four accredited test development organizations listed below, and
3) include in their training, the provisions of 105 CMR 590.000 that are unique to Massachusetts.

When choosing a trainer, we strongly recommend that you contact as many trainers as possible and obtain the following information:

- Examination offered (see list below)
- Length of training/class schedules
- Cost of exam and/or training
- Educational background of the trainer
- Food safety experience of the trainer
- References from previous students

Nationally Accredited Exam Organizations Recognized in Massachusetts

Thomson Prometric (Formerly Experior Assessments)
1260 Energy Lane
St. Paul, MN 55108
800-786-3926

ServSafe
The Educational Foundation of the National Restaurant Association
175 West Jackson Blvd., Suite 1500
Chicago, IL 60604
800-765-2122

National Registry of Food Safety Professionals
1200 E. Hillcrest St., Suite 303
Orlando, FL 32803
800-446-0257

360training.com (Learn2Serve)
13801 Burnet Rd., Suite 100
Austin, TX 78727
888-360-8764

Note: All exams carry a five- year expiration date.

The Massachusetts Department of Public Health does not in any way endorse or recommend any of the individuals or organizations presented on this list nor does the Department preclude anyone not on the list from conducting food safety training. The Department does not evaluate trainers and does not guarantee the success of their programs. Please note that this is not a comprehensive list and, although it is periodically updated, there is no guarantee that all information is current. You may also contact industry and regulatory organizations as well as telephone directories for further listings. Please note that all exams recognized by the Department carry a five-year expiration date. Directory last updated on 12/16/14

Trainers

Patricia Alves, MBA
10 King's Row
Sandwich, MA 02563
Tel: 508-888-6351
PatriciaEdwar2@aol.com
Instructional Languages: English, Portuguese

Melissa Anne Baron, MSH, RD, LD/N
11 Hubbard Street
Lenox, MA 01240
Tel: 413-637-3451(H)
Tel: 413-358-3031(Cell)
melissabaron@aol.com
www.safefoodworks.com
Instructional Languages: English

Lisa Berger, MPH, CP-FS
PO Box 180446
Boston, MA 02118
Tel: 617-445-1647
Fax: 617-974-8764
lisa@servingsafefood.com
www.servingsafefood.com
Instructional Languages: English, Spanish, Portuguese

Henry M.J. Biagi
26 James St. Extension
Derry, NH 03038-4527
Tel: 603-434-0536
Fax: 603-434-0537
designsbybiagi@comcast.net
Instructional Languages: English

Arthur Bloomquist
109 West St.
Plympton, MA 02367
Tel: 781-585-2666
arthurbloomquist@yahoo.com
www.cleanrestaurants.com
Instructional Languages: English

Gary Boudreau
6 Crawford St., Suite 12
Cambridge, MA 02139
Tel: 617-599-3590
Fax: 617-576-4712
gary@bluefinconsultants.com
www.bluefinconsultants.com
Instructional Languages: English, Spanish

Suzanne Fusini Collins
52 Palmer Rd., P.O. Box 394
Brimfield, MA 01010
Tel: 413-245-4575
Fax: 413-245-4575
suzcollins@charter.net
Instructional Languages: English

Jacqueline McKenna-Dalton, CP-FS, CEHT
18 Lexington Lane
Millis, MA 02054
and
76 Willow Street
West Roxbury, MA 02132
Tel: 781-267-3985
Fax: none
Jacqulidalt@aol.com
Instructional Languages: English

Victoria J D'Costa
968 Washington St.
Stoughton, MA 02072
Tel: 781-344-6344
Fax: 781-341-3978
VDCosta@ESIQual.com
www.ESIQual.com
Instructional Languages: English, Spanish

Kevin C. Doherty, CEC, CP-FS
27 Sparhawk St.
Brighton, MA 02135
Tel: 617-624-2503
Fax: 617-624-1660
Instructional Languages: English

Richard Doyon, MS
12 Cleveland Rd.
Beverly, MA 01915
Tel: 978-232-9900
Fax: 508-862-0105
pilgrimone@aol.com
Instructional Languages: English, Spanish

John Donohue
34 Donald Tennant Circle
North Attleboro, MA 02760
Tel: 508-699-4340
Fax: 508-699-4340
JD02760@yahoo.com
Instructional Languages: English

Trainers

Fred T. Faria
56 Main Street/P.O. Box 165
Hope, RI 02831
Tel: 401-828-5355
Fax: 401-822-4068
ftfaria001@gmail.com
www.fariaassociates.net
Instructional Languages: English, Spanish

John Fratiello
1005 Main Street, Suite 1225
Pawtucket, RI 02860
Tel: 401-475-9696
Cell: 860-460-5569
Jfrat3@gmail.com
www.kidsfirstri.org
Instructional Languages: English

Francine Gibson, FMP
1262 Laurelwood Rd.
Pottstown, PA 19465
Tel: 610-970-1776
Fax: 610-970-1760
Francine.gibson@pastertraining.com
info@pastertraining.com
www.pastertraining.com
Instructional Languages: English

Thomas J. Goodfellow, RS, CHO, CEHT
53 Sailfish Drive
East Falmouth, MA 02536
Tel: 617-364-2647
tgfelo46@gmail.com
Instructional Languages: English

Monica V. Grezzi-Mulea
247 Northampton St., Suite 1
P.O. Box 358
Easthampton, MA 01027
Tel: 413-387-2204
safeandhealthyedu@yahoo.com
www.safeandhealthyedu.com
Instructional Languages: English, Spanish

Allen Gromko, CP-FS
11 Heard Drive
Ipswich, MA 01938
Tel: 978-356-4942
Fax: 978-356-9606
allengromko@verizon.net
Instructional Languages: English

Victoria E. Hart
3 Gardner Road
Peabody, MA 01960
Tel: 508-596-4169
Fax: 978-977-0480
vcas65@comcast.net
safetyqservices@gmail.com
Instructional Languages: Spanish, English

Ronald Herzberg, RS
PO Box 898
Sagamore Beach, MA 02562
Tel: 508-888-3775
Fax: 719-466-7655
handsonhealthassociates.com
Instructional Languages: English

Ruth I. Jones BSN, RN, BC, CP-FS
440 East Squantum Street
Quincy, MA 02171
Tel: 617-376-1286
Cell: 617-708-6812
Fax: 617-376-1161
rjones@quincyma.gov
www.quincyma.gov
Instructional Languages: English

Rose Marie Karparis, RN, MPH
68 Florence Rd.
Florence, MA 01062
Tel: 413-584-9355
Cell: 413-250-3050
roe.karparis@comcast.net
Instructional Languages: English

Janice L. King, RD, LDN, SFNS
147 West Main St.
West Brookfield, MA 01585
Tel: 508-867-9735
Fax: 508-867-2600
janicelking@rcn.com
Instructional Languages: English

Dirk Kiefer
157 B Hartford Str.
Natick, MA 01760
Tel: 508-816-9694
Fax: 508-315-3065
Kief53aol.com
Instructional Languages: English, Spanish, Portugese

Trainers

Adrian "Bud" Konn
45 Woodhill Hooksett Road
Bow, NH 03304
Tel: 603-496-8879
Fax: 888-329-1295
Bud@HRFoodSafe.com
www.HRFoodSafe.com
Instructional Languages: English, Spanish

Wai Pak Kwan
18 Apex St.
Quincy, MA 02169
Tel: 781-664-7428
helloroger1999@yahoo.com
Instructional Languages: English, Mandarin, Cantonese, Fujianese, and Taisonese

Joanne Lee, RS
44 Mill St.
Boston, MA 02122
Tel: 617-645-5291
joannecurtislee@gmail.com
www.hoteltrainingcenter.org
[click on ServSafe (bottom of page)]
Instructional Language: English

Maureen Lee
18 Shipley Circle
Westford, MA 01886
Tel: 978-621-2616
Fax: 978-692-1096
foodservicesolutions@yahoo.com
Instructional Languages: English, Chinese

Cindy L. Luu, M.D.
1095 Commonwealth Ave Suite 300
Boston, MA 02215
Tel: 617-787-6888
Fax: 617-787-7888
cindy_luu@winvestllc.com
Instructional Languages: English, Cantonese

Grace Martins R.N.
81 Main Street Suite #8
Peabody, MA 01960
Tel: 978-977-0717
Fax: 978-531-7277
mshcgrace@aol.com
Instructional Languages: Portuguese, Brazilian, English

Heather D. McGowan, RD, LDN
15 Rabbit Run
West Harwich, MA 02671
Tel: 508-430-8535
Fax: 508-430-8535
heather@the-natural-solution.com
www.The-Natural-Solution.com
Instructional Languages: English

Edward Micu
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www.capecodextension.org
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Fax: 508-303-9985
www.marestaurantassoc.org
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http://www.umass.edu/umext/nutrition/programs/food_safety/index.html
Instructional Languages: English

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Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
617-983-6712 617-983-6770 - Fax

TO: Local Boards of Health and Health Departments

FROM: Michael Moore, MDPH/BEH Food Protection Program

DATE: January 3, 2011

RE: Vendors Approved by MDPH to Provide Allergen Awareness Training

The following three vendors are approved by Massachusetts Department of Public Health (MDPH) to issue certificates of allergen awareness training in accordance with 105 CMR 590.009(G)(3)(a)[1].

- Compliance – To comply with 105 CMR 590.009(G)(3)(a), at least *one certified food protection manager per food establishment* must obtain an allergen awareness certificate from one of these three MDPH-approved vendors.
- Online Training – To obtain an allergen awareness certificate over the Internet, visit a vendor's website, pay $10, and follow the instructions for watching the allergen awareness video.
- Classroom Training - To obtain an allergen awareness certificate in a classroom setting, contact a vendor and ask for information about available classroom trainings.

Berkshire Area Health Education Center 703 West Housatonic St., Suite 208 Pittsfield, MA 01201	Options to be trained by Berkshire AHEC: • Visit their website at www.berkshireahec.org • Contact Timothy Diehl at tdiehl@berkshireahec.org • Call 413-447-2417, or 866-976-AHEC (2432)
CompuWorks Systems, Inc. 591 North Ave, Door 2 Wakefield, MA 01880	Options to be trained by CompuWorks: • Visit their website at www.compuworks.com • Contact James Donaher at jdonaher@compuworks.com • Call 781-224-1113
Massachusetts Restaurant Association 333 Turnpike Road, Suite 102 Southborough, MA 01772	Options to be trained by MRA: • Visit the MRA website at www.marestaurantassoc.org • Call 508-303-9905

[1] 105 CMR 590.009(G)(3)(a) - By February 1, 2011, such food establishments [establishments that cook, prepare, or serve food intended for immediate consumption either on or off the premises] shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years.

DISCLAIMER: Please be aware that the OFFICIAL versions of all state regulations are available through the State Bookstore. The text of the following regulation is UNOFFICIAL and provided for the information and convenience of readers. Since regulations are amended from time to time and since the following version may look or, in some cases, actually be different from the OFFICIAL version, the OFFICIAL version is the only version that may be relied upon as a matter of law.

APPENDIX A:
AMENDMENTS AS REVISED (adopted June 9, 2010)

105 CMR 590.000: STATE SANITARY CODE CHAPTER X –
MINIMUM SANITATION STANDARDS FOR FOOD ESTABLISHMENTS

(1) ADD new definition in 105 CMR 590.002(B):

Major Food Allergen means:

(1) Milk, eggs, fish (such as bass, flounder, or cod), crustaceans (such as crab, lobster, or shrimp), tree nuts (such as almonds, pecans, or walnuts), wheat, peanuts, and soybeans; and

(2) A FOOD ingredient that contains protein derived from a FOOD named in subsection (1).

"Major food allergen" does not include:

(a) Any highly refined oil derived from a FOOD specified in subsection (1) or any ingredient derived from such highly refined oil; or

(b) Any ingredient that is exempt under the petition or notification process specified in the federal Food Allergen Labeling and Consumer Protection Act of 2004 (Public Law 108-282).

(2) Amend the definitions of "menu" and "menu board" in 590.002(B) as follows:

Menu means a printed list or pictorial display of a food item or items and their price(s) that are available for sale from a food establishment, and includes menus distributed or provided outside of the establishment.

Menu Board means any list or pictorial display of a food item or items and their price(s) posted within or outside a food establishment.

(3) Amend as follows 105 CMR 590.003(B) (Management and Personnel – federal 1999 Food Code Chapter 2)

(B) FC 2-102.11 Demonstration

...

The areas of knowledge include:

...

(17) No later than February 1, 2011:

(a) Describing FOODS identified as MAJOR FOOD ALLERGENS and describing the symptoms that MAJOR FOOD ALLERGENS could cause in a sensitive individual who has an allergic reaction; and

(b) Ensuring that employees are properly trained in food allergy awareness as it relates to their assigned duties.

(4) Amend 590.009: Special Requirements to add new subsection (H):

(H) **Food Allergy Awareness Requirements.** Food establishments that cook, prepare, or serve food intended for immediate consumption either on or off the premises shall comply with the following requirements.

(1) **Poster.** No later than October 1, 2010, such food establishments shall prominently display in the employee work area a poster approved by the Department, no smaller than 8.5 by 11 inches, relating to major food allergens. The poster shall include the following information:

(a) Major food allergens;

(b) Health risks of food allergies;

(c) Procedure to follow when a customer states that he or she has a food allergy; and

(d) Emergency procedure to follow if a customer has an allergic reaction to a food.

(2) **Notice on printed menus and menu boards.** Such food establishments shall include on all printed menus and menu boards a clear and conspicuous notice requesting a customer to inform the server before placing an order, about the customer's allergy to a major food allergen. The notice shall state: *Before placing your order, please inform your server if a person in your party has a food allergy.*

(a) **Effective Date.** The notice must be included on printed menus and on indoor and outdoor menu boards, including drive-through menu boards, no later than October 1, 2010.

(b) **Menu Boards.**

1. All notices on menu boards must be easily readable from the point of service at which food is ordered. On the menu board itself, the font size of the notice must be equal to or greater than the font size of the smallest menu item listed on the menu board.

2. In lieu of placing the notice directly on the indoor or outdoor menu board itself, the food establishment may post the notice adjacent to the menu board or at each point of service where food is ordered. Such notice must be securely posted in a manner so that it may be easily seen and read from a distance of five feet by a person standing at or approaching the point of service, shall directly face the purchaser, and shall not be obstructed from view.

(3) **Food Allergen Awareness Training**

(a) By February 1, 2011, such food establishments shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of

allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years.

(b) The certified food protection manager shall:

1. Demonstrate knowledge of MAJOR FOOD ALLERGENS by posting the Massachusetts food allergen awareness training certificate; and
2. Ensure that employees are properly trained in food allergy awareness as it relates to their assigned duties.

(4) **Exemptions**

(a) Public and private schools, educational institutions, summer camps, childcare facilities, and other child care programs approved to participate in USDA Child Nutrition Programs are exempt from 105 CMR 590.009(H), with the exception of 105 CMR 590.009(H)(3)(b)2., provided that they have:

1. Written policies and procedures for identifying, documenting, and accommodating students with food allergies, and
2. Documentation verifying participation in food allergen training recognized by the Massachusetts Department of Elementary and Secondary Education and the Massachusetts Department of Public Health.

(b) Food service operations in institutional settings in which food is prepared and/or served to a specific population (for example, hospitals, non-profit organizations, Older American Act Elderly Nutrition programs, and charitable food facilities) that have written procedures for identifying, documenting, and accommodating their clients with food allergies are exempt from 105 CMR 590.009(H)(2).

(c) Temporary food establishments operated by non-profit organizations are exempt from 105 CMR 590.009(H).

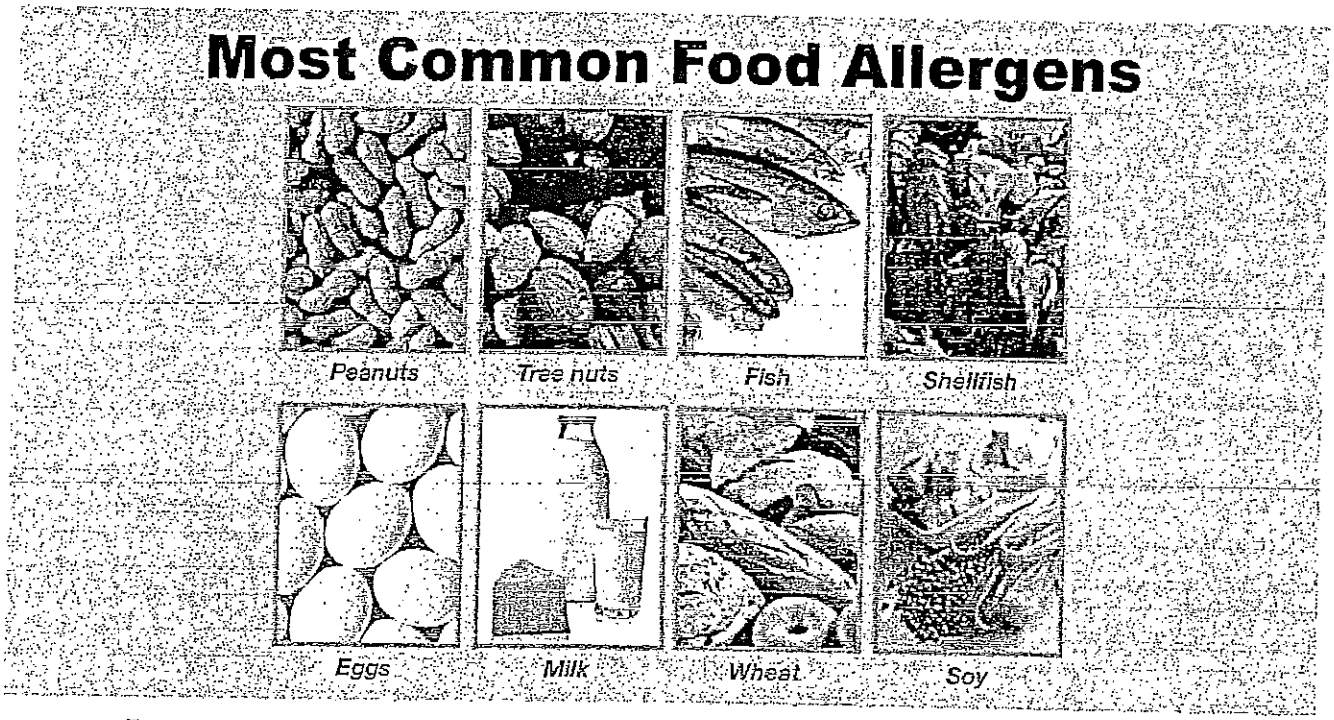
Regulatory authority: MGL c. 140, § 6B.

Food Allergies

What you need to know

Millions of people have food allergies that can range from mild to life-threatening.

Most Common Food Allergens



Always let the guest make their own informed decision.

When a guest informs you that someone in their party has a food allergy, follow the four R's below:

- **Refer** the food allergy concern to the chef, manager, or person in charge.
- **Review** the food allergy with the guest and check ingredient labels.
- **Remember** to check the preparation procedure for potential cross-contact.
- **Respond** to the guest and inform them of your findings.

Sources of Cross Contact:

- Cooking oils, splatter and steam from cooking foods.

When any of the below come into contact with food allergens, all must be washed thoroughly in hot, soapy water:

- All utensils (spoons, knives, spatulas, tongs, etc.), cutting boards, bowls and hotel pans.
- Sheet pans, pots, pans and DON'T FORGET FRYERS AND GRILLS.

If a guest has an allergic reaction, notify management and call 911.

© 2005 The Food Allergy & Anaphylaxis Network

Before placing your order, please inform your server if a person in your party has a food allergy.

City of Taunton
Board of Health
45 School Street
Massachusetts 02780-3212

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City of Taunton Board of Health
Fats, Oils and Grease (FOG) Regulations

The City of Taunton Board of Health, in accordance with, and under the authority granted by Section 31of Chapter 111 of the General Laws of the Commonwealth of Massachusetts Hereby adopted the following rules and regulations at a meeting of the Board held on October 6, 2009.

Purpose: In an effort to protect environmental and public health and safety the Board of Health has adopted several FOG management and maintenance regulations to help prevent sanitary sewage overflows that result from grease obstructions that subject the City to adverse health issues and present an environmental health hazard.

Definitions:

Best Management Practice(s): means a cultural or engineering technique, or a management strategy, that has been determined and accepted to be an effective and practical means of preventing or reducing non-point source pollution in a local area.

FOG (Fats, Oils, Grease): means organic polar compounds derived from animal and/or plant sources that contain multiple carbon chain triglyceride molecules. These substances are detectable and measurable using analytical test procedures established in the United States Code of Federal Regulations 40 CFR 136, as may be amended from time to time.

Food Service Establishment (FSE): includes, but is not limited to, any facility preparing and/or serving food for commercial use or sale. This includes restaurants, cafés, lunch counters, cafeterias, hotels, hospitals, convalescent homes, factory or school kitchens, catering kitchens, bakeries, grocery stores with food preparation and packaging, meat cutting and preparation (excluding grocery stores with only food warming operations), meat packing facilities and other food handling facilities not listed above where fats, oil and grease may be introduced into the community sewer system and cause line blockages and sewer overflows. This is also known as a process of concern.

Grease interceptor/trap (sometimes called separators): for the purposes of this document means an interior multi-compartment device designed to retain grease from one or more fixtures; it shall be installed outside of the food service establishment and shall be of a size and design in compliance with all current Building and Plumbing codes adopted by the City.

Grease trap: for the purposes of this document means an exterior device designed to retain grease from one to a maximum of four fixtures.

Sewer: means all sewers and facilities operated for carrying sewage.

Effective immediately:

1. All existing food service establishments with external grease trap units are required to have a contract with a licensed septic hauler company that is permitted with the City of Taunton. External grease traps must be inspected once a month and be pumped if the fats, oils, grease, (FOG) and sludge layers are 25% of the effective depth of the trap. This enforcement action will be equivalent to the requirements under Title V 310 CMR 15.351(2).

2. All FOG interceptors (under the sinks) must be cleaned and maintained once a month.

3. All food service establishments must keep maintenance logs for all FOG traps and interceptors and must have these documents available to the City of Taunton upon inspection. Maintenance logs must be submitted to the Board of Health two (2) times a year on January 1st and July 1st.

4. All food service establishments that have grease interceptors must have proper FOG signage as required under the State of Massachusetts Plumbing Code 248 CMR 10.09 (2m)(3).

5. Biological and/or chemical treatments are no longer permitted for use in grease traps and interceptors in the City of Taunton.

6. All establishments that have a gasoline, oil and sand separator servicing the facility must have this system inspected and pumped once per year. Maintenance logs must be available to the City of Taunton upon inspection and submitted to the Board of Health once per year every January 1st.

7. All food service establishment staff are required to be properly trained on FOG management and maintenance practices and must keep a staff training log.

8. All establishments that handle FOG must have spill cleanup stations and/or kits with grease absorbent pads and/or cat litter or a similar product to cleanup FOG spills and prevent injury in the workplace.

9. All temporary food service establishments and events will be required to have a written FOG management plan before a temporary food service permit will be issued.

10. If an establishment is chronically in violation of proper grease trap/interceptor maintenance the Board of Health may require the facility to install a grease trap monitoring system at the owner's expense. The data from this monitoring device must be submitted to the Board of Health once a month.

11. Establishments that are closed of periods of time that exceed 30 days are exempt from pumping and inspecting FOG systems during those months the establishment is closed. Proof of temporary closure must be provided to the Board of Health.

12. All Septic Haulers that pump an external grease trap in the City of Taunton must fill out a Grease Trap Service Report OR a form with the same information including the percent of FOG and solids in the tank and the condition of the tank and T's **if pumping is not required** at the time of inspection. This report must be filled out and submitted to the customer at the time of service. All manifests must be submitted to the Board of Health within sixty (60) days of a pumping service.

13. Establishments with FOG Control Program variances issued by the Department of Public Works Commissioner may take president over portions of this regulation based on the nature of the variance.

14. There will be a FOG plan review fee of $50.00 for all new food service establishments and renovations on existing food service establishments.

Joseph F. Nates, M.D.

Bruce E. Bodner, M.D.

C. Nason Burden, M.D.

Adopted OCTOBER 6, 2009

A true copy.
Attest: _____
City Clerk

A true copy.
Attest: Rose Marie Baccewell
City Clerk