



# 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, CHO  
EXECUTIVE DIRECTOR

ADAM S. VICKSTROM  
ASSISTANT EXECUTIVE DIRECTOR

### **MOBILE FOOD ESTABLISHMENT PLAN REVIEW PACKET**

*Establishment Name:* \_\_\_\_\_

1. Plan review – what you need to do first
2. Mobile Food Establishment plan and specifications review
3. Specifications
4. Application for Food Service Permit
5. Food Establishment Fee Schedule  
Make checks payable to “The City of Taunton”
6. City of Taunton Fats, Oils and Grease Check list
7. Commissary Agreement and copy of permit for their location
8. Toilet Facility Agreement
9. Food Establishment definitions
10. Billing Policy
11. City of Taunton Tax Status Application Form
12. Allergy Awareness Regulation Information

## PLAN REVIEW – WHAT YOU NEED TO DO FIRST

Please enclose the following documents when returning the packet to the Board of Health

1. \_\_\_ Submit plan/drawing for mobile unit (including all components).
2. \_\_\_ Submit plan review fee: \$50.00 for each Unit. Please note that the permit fee is separate from this and will be determined after paperwork is submitted to the Board of Health
3. \_\_\_ Submit Hawkers and Peddlers License (MA Division of Standards)
4. \_\_\_ Completed Commissary Agreement and copy of permit for their location
5. \_\_\_ Completed Toilet Facility Agreement
6. \_\_\_ Submit any other permits necessary from the City of Taunton (Clerk, Fire Department, etc.)
7. \_\_\_ Submit a full menu of all products, including beverages that you intend to sell.
8. \_\_\_ Submit copy of current food manager certification from a MA approved program for at least one individual over the age of 18 who will be a full time equivalent on-site manager or supervisor in the proposed establishment
9. \_\_\_ Submit a copy of a current Allergen Awareness Certification
10. \_\_\_ Submit copy of a current Choke Safe Certification (25 seats or more)
11. \_\_\_ Submit a separate check for the appropriate Food Service Permits.  
Confirm appropriate fee with Health Agent before submitting check.  
(see attached Fee Schedule and Definitions)
12. \_\_\_ Please submit a ZONING COMPLIANCE LETTER from the City Planner.
13. \_\_\_ Please submit the Hazardous Materials Plan Review.
14. \_\_\_ Submit a list of locations where unit will vend – There may be limitations
15. \_\_\_ Submit any other documentation requested within this document
16. \_\_\_ 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.
17. \_\_\_ Complete a Food Service Application (Included in this packet)
18. **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.**

# MOBILE FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Date: \_\_\_\_\_

*Please PRINT all requested information*

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

- Check all that apply:
- New Unit
  - 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: \_\_\_\_\_

24/7 Emergency Phone number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_

Title / Relationship to establishment (owner, manager, etc.) \_\_\_\_\_

**FOOD ESTABLISHMENT INFORMATION**

Risk Level (see below) \_\_\_\_\_

- Risk level 1  
Non Potentially Hazardous Foods (non PHF) only
  
- Risk Level 2  
PHFs - Pre-packaged
  
- Risk Level 3  
PHFs prepared on site

Maximum number of meals to be served per day \_\_\_\_\_ (approximate number)

Name of the approved food source: \_\_\_\_\_

Location of fixed, licensed food establishment / Commissary to operate from:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Remember to return agreement with packet\*\***

Will seats be provided to customers? YES # of Seats \_\_\_\_\_ NO (Please circle one)

Please enclose the following documents:

- Manufacturer's specification sheets for each piece of equipment (cut sheets).
- Plan/ Drawing of mobile unit and its components

**Cold Storage:**

Note: Adequate and approved freezer and refrigeration must be available to store frozen foods at 0°F or below for frozen foods and 41°F or below for refrigerated foods. All storage or display refrigerators/freezers holding PHFs must be equipped with a working and accurate thermometer.  
105 CMR 590.009 (B)(6)(c)

- Packaged foods may not be in direct contact with *un-drained* ice
- Wrapped ready-to-eat (RTE) foods (i.e. sandwiches, donuts) shall not be in direct contact with ice

If raw meats, poultry, and seafood are stored in the same refrigerators with cooked/ready-to-eat foods, how will cross-contamination be prevented?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how you plan to thaw the PHF items on your proposed menu:

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Please indicate categories of PHFs to be stored, re-heated, cooked, assembled and/or served:  
**CATEGORY** (YES) (NO)

1. Thin Meats, poultry, fish, eggs  
(hamburger; sliced meats; fillets)

( ) ( )

2. Thick Meats, whole poultry  
(roast beef, whole turkey, chicken, hams)

( ) ( )

3. Cold processed foods  
(salads, sandwiches, vegetables)

( ) ( )

4. Hot processed foods  
(soups, stews, rice/noodles, gravy, chowders, casseroles)

( ) ( )

5. Bakery goods  
(pies, custards, cream fillings & toppings)

( ) ( )

6. Other

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Describe the procedures used to minimize the length of time that PHFs will be kept in the temperature danger zone (41°F - 140°F) during preparation:

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If raw meats, poultry and seafood are prepared in the same work areas or using the same equipment as cooked/ready-to-eat foods, how will cross-contamination be prevented?

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Is ice made on the premises? YES NO or purchased Commercially YES NO

\*\*Must be made or purchased from an approved source\*\*

Describe provision for ice scoop storage: \_\_\_\_\_

## COOKING:

Food product thermometers must be used to measure final cooking/reheating temperatures.  
What type of temperature measuring device are you planning on using?

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### **Consumer Advisory Requirements**

Please refer to your submitted menu and list of items that will/may be raw, undercooked (not cooked to the minimum required temperatures) or not otherwise processed to eliminate pathogens. Also, list RTE foods that will/may contain raw or undercooked ingredients (ex. **Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white**)

Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods.

Ex.

**(1) Identify menu items containing raw or undercooked animal proteins with an asterisk (\*)**

- \* Grilled Salmon
- \* Hamburger

**(2) Define what the asterisk means**

- \* These menu items are served raw or undercooked, or contain raw or undercooked ingredients

**(3) Approved statement reminding consumers of the risks associated with raw or undercooked animal foods**

\*Consuming raw or undercooked meats, poultry, seafood, shellfish and eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

### **MA Allergen Awareness Regulation Requirements**

- Poster must be properly posted
- Consumer notice must be properly worded and posted
- At least one Food Protection Manager must be certified in Allergen Awareness

**HOT/COLD HOLDING:**

How will hot PHFs be maintained at 140°F or above when on display or during holding for service? Indicate type and number of hot holding units.

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How will cold PHFs be maintained at 41°F or below when on display or during holding for service? Indicate type and number of cold holding units.

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**REHEATING:**

How will PHFs that are cooked and cooled be rapidly reheated so that all parts of the food reach a temperature of at least 165°F within two hours? Indicate type and number of units used for reheating foods.

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**SELF SERVICE:**

If there are any customer self service areas/stations, please describe how foods and utensils will be protected from contamination by the customer.

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Are single-service articles for use by the customers provided?

- Yes
- No
- Not applicable

How are condiments, cream, sugar, etc. served?

- Sanitary dispensers
- Individually wrapped servings
- Other: \_\_\_\_\_
- Not applicable

105 CMR 590.009 (B) (9)

- A sign shall be provided at consumer self service operations stating the use of bare hands by customers is prohibited by state law.
- Handwashing provisions or hand sanitizing wipes must be provided for customers

**EMPLOYEE CONSIDERATIONS:**

Number of Staff on vehicle (maximum per shift): \_\_\_\_\_

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of RTE foods? YES / NO

Will food employees be trained in food sanitation practices? YES / NO  
Please describe briefly or submit policy:

\_\_\_\_\_  
\_\_\_\_\_

Describe storage facilities for employees' personal belongings (ex. Purse, coats, boots, umbrellas, etc.) \_\_\_\_\_

\_\_\_\_\_

**HANDWASHING:**

**Note:** Handwashing sinks must be dedicated to that use only, and proper signage must be posted (ex. "Handwashing only")

Is there a handwashing sink installed in the unit?

- Yes (if so see next question below)
- No (therefore, limited to the sale of non-potentially hazardous foods and pre-packaged food prepared by a licensed food establishment / commissary)

Does the handwashing sink have...?

- Hot and cold water under pressure with a mixing valve or combination faucet?  
YES / NO
- Drying facilities (paper towel) YES / NO
- Soap dispensers (mounted or individual pump dispensers) YES / NO

Are handwashing sinks conveniently located? YES / NO

Do all handwashing sinks have hot and cold water YES / NO

Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES / NO

Are disposable paper towels or air blowers available at all handwashing sinks? YES / NO

Is there an operable soap dispenser at the handsink? YES / NO

**FOOD PREPARATION SINKS:**

Is a food preparation sink present? YES / NO

\*\*If no, the allowed products are limited\*\*

**WAREWASHING FACILITIES:**

Does the largest pot or pan used fit into each compartment of the three-bay sink? YES / NO

Are there drain boards on both ends of the three-bay sink? YES / NO

What type of sanitizer is used in the sanitizing compartment?

- \_\_\_\_\_ Chlorine
- \_\_\_\_\_ Iodine
- \_\_\_\_\_ Quaternary ammonium

Are test papers/kits available for checking sanitizer concentration? YES / NO

Where will the clean and sanitized items be stored?

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Please describe the warewashing process including the sanitizing steps of *wash, rinse, sanitize,* and *air dry.* (All cooking utensils and equipment need to be washed and sanitized)

Where? \_\_\_\_\_

When? \_\_\_\_\_

How? \_\_\_\_\_

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Please describe the procedure for manual cleaning and sanitizing of oversized or "clean-in-place" (CIP) equipment, slicers, mixers, etc. and any CIP dispensing equipment?

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**EQUIPMENT INSTALLATION:**

**Note:** Food service equipment must be located and installed in such a way as to facilitate ease of routine cleaning. Food preparation/work tables and sinks should be installed with back splashes and/or sealed to the wall, set-off the wall with adequate space between for cleaning or moveable. Heavy cooking equipment must either be installed leaving space for easy access for cleaning under and behind and between pieces or be mounted on casters and with "Quick-Disconnects" to utility lines to allow for movement.

**GENERATOR:**

How many watts are required to effectively meet service demands? \_\_\_\_\_

What calculations were used to determine the total number of watts required?

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**FINISH SCHEDULE:**

**Note:** Materials selected for floors, walls, and ceilings must be durable and appropriate to the area and its intended use. For high moisture work areas or where there may be food splash, the surfaces must be non-absorbent, smooth and easily cleanable. Installed materials must be tight fitting and properly sealed with no voids that might collect debris and/or harbor pests. Applicant must indicate which materials will be used in those areas.

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(Indicate type of material used (i.e.: quarry tile, stainless steel, sealed concrete, terrazzo, ceramic tile, or durable grade plastic)  
*Please write n/a if not applicable*

<b>Food Storage</b>	
<b>Garbage/ Refuse Storage</b>	
<b>Cold Storage Units</b>	
<b>Hot Storage Units</b>	
<b>Cooking Units</b>	

**INSECT AND RODENT CONTROL:**

105 CMR 590.009(b)(10)

Operators which cook or reheat unpackaged food for hot holding shall be fully enclosed unless equipped with air curtains to prevent contamination of food and food contact surfaces with environmental contaminants.

Will all outside doors be self-closing and rodent proof? YES / NO

Are screen doors provided on all entrances left open to the outside? YES / NO

Do all openable windows have minimum #16 mesh screening? YES / NO

Is the placement of electrocution devices identified on the plan? YES / NO

Will air curtains be used? YES / NO

Do you now have or plan to have a contract with a pest control operator? YES / NO

Please provide their contact information and attach a copy of contract / last treatment

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What will be the frequency of inspections / treatments? \_\_\_\_\_

**WATER SUPPLY:**

**Note:** It is essential that sufficient potable water, at appropriate temperatures, under pressure will be available at all times, including peak demand periods. Potable water must be obtained from your **licensed commissary**.

What is the capacity of the fresh water tank? \_\_\_\_\_

How will the tank be cleaned and sanitized? \_\_\_\_\_

At what frequency? \_\_\_\_\_

What is the capacity of the waste water tank? \_\_\_\_\_

Will the fresh tank or waste water tank need to be refilled/emptied during service hours? \_\_\_\_\_

What is the capacity and recovery rate of the hot water heater? \_\_\_\_\_

Is the hot water generator sufficient for the needs of the establishment? **Provide / attach calculations for necessary hot water.**

Please indicate that the proposed equipment in your establishment will be properly installed.

Equipment	Code Requirement(s)	Confirmed by Operator (please initial)	Describe/Comments
Steam Jacketed Kettle	Backflow prevention device		
	Indirect waste		
Steamer	Backflow prevention device		
	Indirect waste		
Combi Oven	Backflow prevention device		
	Indirect waste		
At all hose connections	Backflow prevention device		
Carbonated Beverage Dispenser	Carbonator backflow prevention device		
Refrigerator condensate / drain lines	Indirect waste		
Ice machine or ice storage bins	Indirect Waste		
All sinks	Air Gap		
Ice Cream dipper wells	Air Gap		
Other, Describe			

**TOXINS:**

All toxic chemicals for use on the premise (ex. Cleaners, solvents, personal medications, etc.) must be stored in a manner that eliminates the possibility of contamination of food items or single service disposables (ex. Paper plates, cups, plastic ware, etc.) Please describe how you will do this.

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Are all containers of toxins, including sanitizing spray bottles, clearly labeled? YES / NO

Where will Material Safety Data Sheets (MSDS) be displayed?

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**Truck Identification**

**105 CMR 590.009 (B)(14)**

Identification provided on the left and right side of vehicle? YES / NO  
Include: Person or business name, city and phone number NO SMALLER THAN 3 INCHES

**VENTILATION:**

Note: Ventilation systems must be correctly designed sized and installed to both satisfy the Fire Code requirements and to meet the specific needs of the operation and equipment selected in order to properly control / remove heat, humidity, odors, smoke and grease laden air. Indicate below all areas where exhaust hoods are installed.

Location	Filters and / or extraction devices	Square feet	Fire protection	Air Capacity	Air Makeup CFM

How is ventilation hood system cleaned? Please indicate frequency of cleaning.

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Garbage and Refuse Outside

1. Is there garbage storage on mobile unit?  
 Yes, if so where: \_\_\_\_\_  
 No
  
2. Where will the garbage be disposed of?  
\_\_\_\_\_
  
3. Will a dumpster be used?  
 Yes  
Number: \_\_\_\_\_  
Frequency of pick-up \_\_\_\_\_  
Contractor: \_\_\_\_\_  
BOH or Fire Prevention dumpster permit? \_\_\_\_\_  
 No
  
4. Describe the surface on which the dumpster/ cans/ containers 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: \_\_\_\_\_  
\_\_\_\_\_

Restrooms

2. Are there adequate and suitable restroom facilities where handwashing facilities are available for the operator?  
 Yes, if so where: \_\_\_\_\_  
 No  
\*\*Please include restroom use agreement\*\*

Sewage / waste tank Disposal

**Sewage and wastewater tank disposal must be done at licensed commissary or by other means approved by Board of Health**

\*\*Please provide copy of commissary agreement that includes proof of provision for sewage /wastewater disposal\*\*

**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 final approval.**

Signature(s) of owner(s) or responsible representative(s) Date: \_\_\_\_\_

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Approval of these plans and specifications by the Taunton Board of Health does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local, State, and Federal laws governing food establishments.

Approval of these plans and specifications by the Taunton Board of Health does not indicate compliance with any other Federal, State, or Local code, law or regulation that may be required.

**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 specification 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.

**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: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
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: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.</i>			
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No			
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type (check all that apply) <input type="checkbox"/> Retail ( Sq. Ft) <input type="checkbox"/> Food Service - ( Seats) <input type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Food Service - Institution ( Meals/Day)	<input type="checkbox"/> Caterer ( vehicles) <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
21) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates:  <input type="checkbox"/> Temporary/Dates/Time:	Other (Describe)  22a) Additional Permits (check all that apply) <input type="checkbox"/> Milk (used or sold) <input type="checkbox"/> Frozen Dessert Machine (soft serve or yogurt)		
23) Food Operations: (check all that apply):		<i>Definitions: PHF - potentially hazardous food (time/temperature controls required)          Non-PHF - non-potentially hazardous food (no time/temperature controls required)          RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours:	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
Other (Describe):		<i>To be completed by the Board of Health</i>  Total Permit Fee: _____ Payment is due with application	
		<input type="checkbox"/> Offers RTE-PHF in Bulk Quantities	
		<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	

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: \_\_\_\_\_



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

BOARD MEMBERS  
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 DR. JOSEPH F. NATES

HEATHER L. GALLANT, MPH, RS  
 EXECUTIVE DIRECTOR

ADAM S. VICKSTROM  
 ASSISTANT EXECUTIVE DIRECTOR

**Fee Schedule Changes**

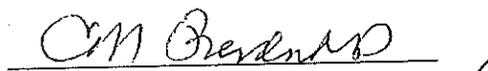
<b><u>Food Service Fees</u></b>	<b><u>New Fee</u></b>
Milk Permit (Increase from \$10.00)	\$25.00
Frozen Desert Permit (Increase from \$25.00)	\$50.00
Mobile Food Permit (Increase from \$100.00 per Truck)	\$150.00
Catering Permit (Increase from \$100.00, + \$25.00 per Truck)	\$150.00
Retail Food Permits (Increase from \$75.00)	\$150.00
Supermarket Permit (Increase from \$200.00)	\$250.00
Food Establishment Permit (Increase from \$100.00, + .50 Per Seat, Max \$300.00)	(see below)

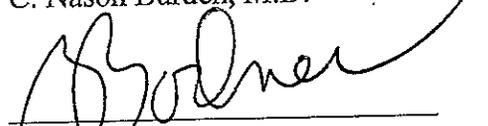
<b><u>Seats</u></b>	<b><u>Fee</u></b>
0 - 50	\$150.00
51 - 100	\$200.00
101 - 150	\$250.00
151 - 300	\$300.00

**Miscellaneous**

Pool/Spa Permit (Increase from \$100.00)	\$150.00
Camp permits (Increase from \$10.00)	\$100.00
Solid Waste Hauler Permits (Increase from \$100.00)	\$150.00

  
 \_\_\_\_\_  
 Joseph F. Nates, M.D., Chairman

  
 \_\_\_\_\_  
 C. Nason Burden, M.D.

  
 \_\_\_\_\_  
 Bruce E. Bodner, M.D.

Adopted May 4, 2010



City of Taunton  
FOG Control Program  
45 School Street  
Taunton, Massachusetts 02780-3212

Kevin M. Duquette  
FOG Enforcement Agent

## Fats, Oils and Grease Check List

- A) What are your plans for the property?
- 1) Be sure to think about future expansion possibilities.
- B) Conduct research on the property to identify what FOG systems are or are not in place.
- 1) Try to find a set of As-Built plans for the property. Plans could be found at the Building Department, Department of Public Works, or the City Engineers Office.
  - 2) The following fixtures require a grease trap and interceptor under the Massachusetts Plumbing Code 248 CMR (2c)(1-9):

### 10.09: Interceptors, Separators and Holding Tanks

(2c) Plumbing fixtures to be protected by grease traps and interceptors shall include:

1. pot sinks (with bowl depths exceeding ten inches);
  2. scullery sinks (with bowl depths exceeding ten inches),
  3. floor drains; (See Plumbing Inspector due to application)
  4. floor sinks;
  5. automatic dishwashers regardless of temperature;
  6. pre-rinse sinks;
  7. soup kettles or similar devices;
  8. wok stations; and
  9. automatic hood wash units;
- 3) Under the Massachusetts Plumbing Code 248 CMR 10.09 (1b) (1 a-b) floor drains and gasoline, oil and sand separators shall be installed in all commercial motor vehicle:
1. parking and storage accommodations;
  2. repair garages, repair facilities or auto body repair facilities;
  3. service facilities with or without grease racks and grease pits;
  4. wash rack areas;
  5. wash areas (including automatic car wash structures); and
  6. facilities where motor oils, gasoline, anti-freeze and similar hazardous liquid wastes are potentially generated or may potentially spill.

- C) Contract a licensed plumber to assess your property to determine the type of FOG units you will need and the sizes of these units.
- 1) The plumber will need to know:
    - a. The number of seats in your establishment
    - b. The number and size of the fixtures in your establishment. This includes floor drains, and sinks but excludes bathroom sinks and toilets.
  - 2) Under City of Taunton regulations all food service establishments are required to have point source containment where required and secondary containment.
- D) Plans must be drawn up for all grease traps and interceptors. These plans must:
- 1) For External Grease interceptors - must be stamped by a Mechanical Engineer
  - 2) For External Grease interceptors - Provide a sample box
  - 3) For External Grease interceptors - Use covers that are marked "Grease Trap"
- E) These plans are then reviewed by the City Plumbing Inspector. Once the plans are approved the contracted plumber must apply for a plumbing permit at the Building Department for the scope of work being done.
- F) The use of innovative/alternative technologies will be reviewed on a case by case basis and the technology must be approved by the Massachusetts Board of Plumbers and Gas Fitters.
- G) Once the work is completed the Plumbing Inspector will conduct an inspection to verify conformance to the state plumbing code.
- H) All areas in the establishment where grease interceptors are located must have proper signage as stated in the plumbing code 248 CMR 10.09 (2m)(3):

#### 10.09: Interceptors, Separators and Holding Tanks

##### (2m) Maintenance

3. A laminated sign shall be stenciled on or in the immediate area of the grease trap or interceptor in letters one-inch high. The sign shall state the following in exact language:

**IMPORTANT** This grease trap/interceptor shall be inspected and thoroughly cleaned on a regular and frequent basis. Failure to do so could result in damage to the piping system, and the municipal or private drainage system(s).

## City of Taunton Fats, Oils, and Grease Maintenance Requirements

- Do not store anything on top of grease interceptors
- Make sure the covers to interceptors are locked in place with the appropriate hardware
- All innovative/alternative technologies must be maintained in accordance with the operation and maintenance manual for the technology
- All grease traps and interceptors must be inspected once per month and serviced if found in disrepair.
- Point source grease interceptors like those located under kitchen sinks and woks must be cleaned once per month.
- External grease traps must be inspected once per month and pumped if the grease and solids are 25% of the volume in the tank.
- All hoods must be maintained in accordance with 527 CMR 11.00 Board of Fire Prevention Regulations
- Maintenance logs and invoices/manifests must be kept for all grease traps, interceptors, and hoods and be available for review upon inspection.
- Spill clean-up equipment must be readily available and include materials able to clean up a FOG spill. (examples: Cat litter, oil absorbent pads)
- Copies of the maintenance logs and invoices must be submitted to the Board of Health **two (2)** times a year in **July and January**. Send the logs to the following address:

Taunton Board of Health

45 School Street

Taunton, MA 02780

c/o Kevin Duquette FOG Enforcement Agent

Note: Failure to comply with the City of Taunton FOG regulations can result in fines issued by the Department of Public Works and/or a fats, oil and grease (FOG) re-inspection fee.

For more information about the City of Taunton FOG Control Program go to:

[www.TauntonFOGProgram.Homestead.com](http://www.TauntonFOGProgram.Homestead.com)

# Use of Commissary Agreement

## Base of Operations

It is required that the operator of a Mobile Food Unit have a base of operation from an licensed commissary/shared kitchen facility. Home kitchens will not be approved. The kitchen is an essential part of a mobile food operation and must have facilities for supply storage, potable water, equipment cleaning and sanitizing, food preparation, refuse, water and grease disposal and other servicing activities.

### Base of Operation Information:

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

Attach copy of current permit

### Mobile Unit/Vendor Information:

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Days/Time at Base of Operation: \_\_\_\_\_

### Signatures:

Base of Operation Owner/Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Vendor Owner/Agent: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement between the owner of the Base of Operation and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the kitchen as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the kitchen or mobile food unit, or should there be any modification or cancellation of this agreement between parties, then the Mobile Food Establishment Permit may be suspended.

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## Restroom Facility Agreement

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available. 105 CMR 590.009 (B) (11)

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile food unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft of the mobile vending unit.

I, \_\_\_\_\_ have read and understand the items of responsibility  
Business Owner or Responsible Party

listed above and agree to comply with all of the requirements. I give permission to

\_\_\_\_\_ to use my establishment,  
Mobile Food Vendor

\_\_\_\_\_ located at \_\_\_\_\_  
Business Name Business Address

as their main restroom facility.

I understand that I (business owner/responsible party) need to notify the ISD Health Division should I be unable to honor this agreement for any period of time, and that I (mobile food vendor) need to find alternative arrangements and inform the ISD Health Division in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: \_\_\_\_\_

Title (e.g., owner, manager): \_\_\_\_\_ Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature of Mobile Food Vending Unit: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Food Establishment Permit Definitions

*These definitions should be used in conjunction with the fee schedule.*

- Food Service: Where any food product is heated, opened, sliced or prepared in any way.
- Retail: Products are packaged by a licensed manufacturer and remains intact until opened by the consumer. In addition to prepackaged food items, retail establishments are limited to coffee service only. Any other food item (i.e. hot dogs, popcorn, etc.) or beverage items (i.e. slush drinks) that are provided will require a Food Service permit and will require that the establishment have a 3-bay sink to properly wash, rinse, and sanitize all food contact equipment.
- Catering: Preparation and transportation of meals intended for individual portion service or a company preparing food in a location other than their permitted establishment.
- Mobile: Self-propelled vehicle-mounted food establishment or push cart.
- Milk: Any establishment that sells milk as retail, or that uses milk for coffee service or as part of any food preparation process.

## **Billing Policy**

Annual licenses, permits or fees or renewals of same which require billing by the Taunton Board of Health, shall be sent to the applicant thirty (30) days prior to the anniversary date prescribed under Massachusetts General Law. The license or permit will be issued on the thirtieth (30<sup>th</sup>) day if a valid check payable to the "City of Taunton" has been received by the last day. If the valid check has not been received within the proper time frame, the license or permit will not be issued for that year, or suspended if the check is found to be invalid after the thirty day time frame. The business or commercial activity authorized under the license, permit or fee shall be terminated by the Board of Health for the remainder of the year, or until such time, as a new application with valid check has been submitted to the Board of Health, which will further require a special inspection of the business premises, commercial vehicle or site by an inspector of the Board of Health. After these requirements haven been met, the appropriate license, permit or certification will be issued and the business or commercial activities may resume.

In cases where a bad check is received and found to be invalid for insufficient funds, a replacement payment shall be required by bank certified check or money order only, in addition the City of Taunton Treasure's Office required a \$25.00 surcharge. There will be no exceptions of this policy.

Your cooperation and assistance is required to avoid untimely delays in the operation of your business activities.



# CITY OF TAUNTON

## TAX STATUS APPLICATION FORM

In order to process your application request efficiently and promptly we ask that you provide us with the following information. One form must be filled out completely for each parcel(s) owned by you and any other parties involved. This process may take up to ten business days.

Date of request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Assessed Owner: \_\_\_\_\_

Current Owner: \_\_\_\_\_

(If different from the Assessed owner)

Property Address: \_\_\_\_\_

Assessor's Reference (MBLU): \_\_\_\_\_

If a developer or contractor is involved in this project then this section must be completed.

Contractor/Business Name \_\_\_\_\_ Business ID \_\_\_\_\_

Business Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Contact person \_\_\_\_\_

(SIGNATURE REQUIRED TO COMPLETE TAX STATUS)

I hereby attest that all information provided herein is true and complete to the best of my knowledge.

\_\_\_\_\_ Petitioner

For office use only:

Tax office rec'd & Initials \_\_\_\_\_

Real Estate \_\_\_\_\_ Due \_\_\_\_\_

Pers. Property \_\_\_\_\_ Due \_\_\_\_\_

Water Liens \_\_\_\_\_ Due \_\_\_\_\_

Sewer Liens \_\_\_\_\_ Due \_\_\_\_\_

Mve Tax \_\_\_\_\_ Due \_\_\_\_\_

Tax Title \_\_\_\_\_ Due \_\_\_\_\_

Water Acct. # \_\_\_\_\_

Water Dept rec'd & Initials \_\_\_\_\_

Water Usage \_\_\_\_\_ Due \_\_\_\_\_

Sewer Usage \_\_\_\_\_ Due \_\_\_\_\_

Police Detail/Alarms \_\_\_\_\_ Due \_\_\_\_\_

Fire Detail (Central Station) \_\_\_\_\_ Due \_\_\_\_\_

Fire Alarms (Oak Street) \_\_\_\_\_ Due \_\_\_\_\_

TMLP Acct. # \_\_\_\_\_

Electric \_\_\_\_\_ Due \_\_\_\_\_

Please Note: You must contact the office that is requesting the Tax Status Report for any questions or information relating to this form.



City of Taunton  
Board of Health  
45 School Street  
Taunton, MA 02780-3212

BOARD MEMBERS  
Dr. BRUCE E. BODNER  
Dr. C. NASON BURDEN  
Dr. JOSEPH F. NATES

HEATHER L. GALLANT, MPH, RS, CHO  
EXECUTIVE DIRECTOR  
ADAM S. VICKSTROM  
ASSISTANT EXECUTIVE DIRECTOR

## Allergy Awareness Regulation Reminder Notice

**October 1, 2010 was the effective date of the  
new Food Allergy Awareness Regulation**

In June 2010, the state Food Code was amended to comply with the Act Relative to Food Allergy Awareness in Restaurants which the Governor signed into law in January 2009. Copies of the new regulation and related documents are available on the MDPH/BEH Food Protection Program website. To find this information:

- (1) Go to the FFP website at <http://www.mass.gov/dph/ffp>
- (2) Select "Food Allergen Awareness Regulation" link under "What's new"
- (3) See "Food Allergen Awareness Regulation" under "Special Operations"

These amendments to the Food Code became effective on October 1, 2010, and apply to all food establishments that cook, prepare, or serve food intended for immediate consumption either on or off the premises. In order to meet these new requirements, food establishments must:

- Display a copy of a poster in the employee work area, and
- Place a notice to consumers on menus and menu boards

**Poster in Employee Work Area** - The 8.5" by 11" poster that must be displayed in the employee work area is available on line at <http://www.foodallergy.org/page/restaurant-poster>. The "employee work area" is a conspicuous and accessible place where notices to employees are usually placed and easily read. See 105 CMR 590.009(G)(1) for more details about this requirement.

**Notice to Consumers on Menus and Menu Boards** - Menus and menu boards must include a notice which reads, **"Before placing your order, please inform your server if a person in your party has a food allergy."** The notice must be displayed in a clear and conspicuous manner, and the notice on menu boards must meet the font size requirements discussed in 105 CMR 590.009(G)(2)(b).

**Additional Requirements after February 1, 2011** - Certified food protection managers in effected establishments must obtain a certificate by 2/1/11 which shows that they have viewed the allergen awareness training video being developed by MDPH. Three vendors are approved by MDPH to issue these certificates in accordance with 105 CMR 590.009(G)(3)(a). The names of the vendors and their contact information will be posted on the FFP website listed above. This list is included with this document.



City of Taunton  
Board of Health  
45 School Street  
Taunton, MA 02780-3212

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HEATHER L. GALLANT, MPH, RS, CHO  
EXECUTIVE DIRECTOR  
ADAM S. VICKSTROM  
ASSISTANT EXECUTIVE DIRECTOR

**TO:** Licensed Food Establishments  
**FROM:** Heather L. Gallant, Executive Director  
**DATE:** February 9, 2011  
**RE:** Allergen Awareness Training for Certified Food Managers

Section 105 CMR 590.009(G)(3)(a) of the new Allergen Awareness Regulation states that:

*"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."*

The following three vendors are approved by the Massachusetts Department of Public Health (MDPH) to issue certificates of allergen awareness training in accordance with 105 CMR 590.009(G)(3)(a). The list of approved vendors appears below:

<b>Berkshire Area Health Education Center</b> 703 West Housatonic Street, Suite 208 Pittsfield, MA 01201 <a href="http://www.berkshireahec.org">www.berkshireahec.org</a>	<b>To be trained by Berkshire AHEC:</b> Contact Timothy Diehl at <a href="mailto:tdiehl@berkshireahec.org">tdiehl@berkshireahec.org</a> or call 413-447-2417, or 866-976-AHEC (2432)
<b>CompuWorks Systems, Inc.</b> 591 North Avenue, Door 2 Wakefield, MA 01880 <a href="http://www.compuworks.com">www.compuworks.com</a>	<b>To be trained by CompuWorks:</b> Contact James Donaher at <a href="mailto:jdonaher@compuworks.com">jdonaher@compuworks.com</a> or call 781-224-1113
<b>Massachusetts Restaurant Association</b> 333 Turnpike Road, Suite 102 Southborough, MA 01772 <a href="http://www.marestaurantassoc.org">www.marestaurantassoc.org</a>	<b>To be trained by MRA:</b> Visit the MRA website at <a href="http://www.marestaurantassoc.org">www.marestaurantassoc.org</a> or call 508-303-9905



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 Expor Assessment)  
1260 Energy Lane  
St. Paul, MN 55108  
800-786-3926

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

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

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  
Jacquidalt@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, Portuguese*

## **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*

**Waj 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  
joanecurtislee@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**  
77 Old Stage Rd.  
Chelmsford, MA 01824  
Tel: 508-254-7669  
emicu@comcast.net  
*Instructional Languages: English*

**Carol S. Mier, MA, RD, LDN**  
P.O. Box 485  
Sagamore Beach, MA 02562  
Tel: 401-456-8477  
miercarol@netscape.net  
*Instructional Languages: English*

**Peter M. Mirandi, MPH**  
Registered Sanitarian  
North Shore Community College  
Fencroft Rd.  
Danvers, MA 01923  
Tel: 978-774-3001  
MPHenviro@gmail.com  
www.MPHfoodsafety.com  
*Instructional Languages: English*

**John Morrell, Ph.D, RS, CHO**  
PO Box 268  
Marshfield, MA 02050-0268  
Tel: 781-837-1395  
Fax: 781-837-4820  
*Instructional Languages: English*

**David Nash, Ph.D., MPH, CP-FS**  
2734 North Fifth Street, 2<sup>nd</sup> Floor  
Philadelphia, PA 19133  
Tel: (800)723-3873  
Fax: (215) 634-6184  
afoodsafety@yahoo.com  
*Instructional Languages: English, Spanish*

## **Trainers**

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