



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
 Tel. (508) 543-1207
 Fax (508) 543-6278

Foxborough Health Department Plan Review Guidelines

Name of Establishment: _____

Address of Establishment: _____

Main Contact during Construction: _____

Main Contact Phone Number: _____

This food establishment Plan Review document has been developed for the purpose of assisting the food establishment operator in planning, designing and building a facility that will satisfy State and local Health Code requirements, be a safe environment for food, staff and customers, and also be of an efficient, effective design that will meet the operators business needs.

A thorough review of plans helps to avoid future problems. This guidance document is not intended to address all of the requirements for the approval of a food service establishment, but instead is meant to highlight some of the most common sanitation and health issues that may arise in development and design. The Food and Drug Administration (FDA) 1999 Food Code (adopted by the Commonwealth of Massachusetts in 2000) is used as a reference in completing this guide.

Reminder: In order to obtain a food permit, the applicant must ultimately satisfy not only these Board of Health Code requirements, but also must meet with additional town officials and/or departments and satisfy the requirements of the Building Code, Electrical Code, Plumbing Code, Fire Code, etc.

**I have submitted plans/applications to the following authorities
 on the following dates (as applicable):

_____	_____
Board of Selectman	Plumbing
_____	_____
Zoning	Electric
_____	_____
Planning	Police
_____	_____
Building	Fire
_____	_____
Conservation	Other

As detailed in the State Sanitary Code 105 CMR 590.011, the Board of Health shall deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty (30) day time period begins when a complete application and all required supplemental documents have been submitted to the Health Department. In the event a submittal is denied, the Department will contact you directly and inform you of all the items that must be addressed.

No renovation or construction work is to be done in the food establishment before approval from the Health Department.

At any time following the submittal of this Plan Review, the Owner/Agent must allow an agent of the Health Department to conduct spot inspections to monitor progress and/or evaluate construction details as it relates to the submitted documents.

Although not required until 30 days prior to the establishment opening, the Owner/Operator must be able to submit adequate documentation showing knowledge of food safety, allergy awareness, and choke saver (when certain food operations requires these said documents).

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within, including all attachments.

Name: _____

Signature: _____

Date: _____



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

Food Establishment – Plan Review Packet

***Non-refundable Fee: \$200 (Payable to: Town of Foxborough)**

***Fees must be submitted 30 days before construction. No application will be accepted without required fee.**

BHP#: _____

DATE: _____

FEE: _____

Initial Risk Level: _____

Plan Approval Date: _____

- Please check one: New (yet to be constructed)
 Remodel of an existing food establishment by current Owner
 Conversion (Existing Structure turned into Food Establishment)
 Change in Ownership

• Type of Food Establishment: Restaurant Retail Other: _____

Projected Start Date: _____

Projected Completion Date: _____

• Name of Establishment: _____

• Establishment Address: _____

• Establishment Phone Number (if known): _____

• Name of Owner: _____

• Owner Mailing Address: _____

• Owner Phone Number: _____

• Applicant's Name and Title: _____

• Applicant's Address: _____

• Applicant's Phone Number: _____

• Establishment and/or Owner E-mail: 1. _____

2. _____

Establishment Information

• Hours of Operation:

Sunday: _____ Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____

• Number of Total Seats (include all outdoor seating as well): _____

• Number of Staff (max per shift): _____

• Total Square Feet of Facility: _____

• Food Sources, including dry goods, refrigerated, and frozen foods (Company Name(s)):

• Number of cold holding refrigeration units (reach-ins, walk-ins, lowboys, etc.): _____

Size (cu.ft.) of each refrigeration unit listed above: _____

• Number of freezer units (walk-ins, reach-ins): _____

Size (cu.ft.) of each freezer unit listed above: _____

• Number of deliveries per week for frozen foods: _____

• Number of deliveries per week for refrigerated foods: _____

• Approximate number of meals to be served per day:

Breakfast: _____ Lunch: _____ Dinner: _____

• List all raw proteins that will be handled during daily operations:

• What type of food temperature measuring device will be available for daily use (i.e. bimetal stem, digital, thermocouple, etc.)? _____

- Will any foods be cooked and then cooled for preparation in advance of service? Yes or No
If yes, list which food items and the cooling method(s) that will be used:

- Will there be any consumer self service areas located within the establishment? Yes or No
If yes, how will you comply with 3-306.13 and consumer protection?

- Will an ice machine be installed? Yes or No

- Warewashing Facilities and Sanitizer Specifications (check all that apply):

<input type="checkbox"/> Mechanical Dishwasher: (circle one)	Sanitizer? (Type and Brand): _____ OR High Temp? Will a Booster be used? Yes or No Ventilation Available? Yes or No
<input type="checkbox"/> 3-Bay	Sanitizer used (Type and Brand): _____
<input type="checkbox"/> Bar dishwasher	Sanitizer used (Type and Brand): _____

- Are drainboards AND sinks adequately sized and available at all warewashing locations?
Yes or No
If no, how will "too large or oversized" pieces of equipment be washed and sanitized correctly?

- Are clean equipment shelving areas sized appropriately to allow for proper air drying of clean equipment? Describe location.

- List all areas where backflow devices will be installed. _____

- Describe ventilation in bathrooms: _____

- Will linens, cleaning towels, etc. be laundered on site? Yes or No

If no, what laundering company will be used? _____

• Water supply: ___ Public ___ Private (if private, a copy of the water sample results will be required to be submitted to the Board of Health).

• Sewage Disposal: ___ Public Sewer ___ Private Septic

• Number of Grease Traps: _____
Location of grease waste receptacle: _____

• Pest Control Company: _____
Frequency of Preventative Maintenance: _____

• Trash Disposal Company: _____
Frequency of trash removal: _____

• Describe location where employees will be allowed to eat and/or store all personal belongings.

Note: All disposal companies (i.e. sewage, grease, offal, etc.), must be licensed with the Foxborough Board of Health.

****Hazard Analysis Critical Control Point Related Information****

Will any of the following Special Processing Methods be used? Yes or No
(Circle all that apply)

- | | |
|-------------------------------------|-------------------------------|
| Reduced Oxygen Packaging (ROP) | Acidification |
| Curing and Smoking for Preservation | Cook-Chill |
| Sous Vid | Live Molluscan Shellfish Tank |
| Growing Sprouted Seeds | Fermenting |

AND/OR

Time as a Public Health Control

(Some Special Processes require a HACCP Plan and/or a Variance. Contact us for an appointment to discuss all additional requirements)

Office Use Only: HACCP Plan Submittal Date: _____
Board of Health Meeting Date: _____

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this office may nullify this approval.

Owner (s) or responsible representative(s)

Date

Submittal Checklist and Additional Information

See Below

Retain for your Records

The following documents must be submitted along with this Plan Review application:

- 1) Plans must be clearly drawn to a scale of 1/4 inch = 1 foot and a minimum 11 x 14 inches in size and include these items below:
 - The floor plan must identify: food preparation, serving and seating areas, restrooms, office, employee change room, all food related storage, warewashing, janitorial and trash area, etc. Include location of any outside equipment or facilities (dumpsters, well, septic system-if applicable). Any plans that cannot be read will be returned and new plans will need to be submitted. Multiple submittals may be required at the Department's request to reflect any changes made by the establishment before or during construction or changes requested by the Department.
 - Provide equipment layout and specifications, clearly numbered or otherwise easily identified and cross-keyed with the equipment list.
 - Identify ALL handwashing, warewashing, food preparation, and mop sinks.
 - Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
 - Provide exhaust ventilation layout including location of hood and make-up air returns and ducts, if applicable.
 - Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11). Include details on all lighting protectors for all applicable areas.
 - The finish schedule (SEE ATTACHED) showing floor, coved base, wall and ceilings for each area shown on the plans. All materials must comply with Chapter 4 of the Food Code.
 - Provide manufacturer specification sheets of all equipment that will be used in the establishment. These documents will confirm that all equipment meets 4-205.10 and are certified or classified for sanitation by an American National Standards Institute (ANSI) – accredited certification program (i.e. common certification companies include NSF, UL, ETL).
- 2) Provide a copy of all printed menus (i.e. table, take-out, catering, banquet, etc.). The Department will be confirming compliance related to the allergy awareness statement, as well as the consumer advisory requirements (if applicable).

The following must be completed within 30 days of planned opening:

- Submittal of the “Food Establishment Application” with applicable food fee and FOG fee, and to include a copy of the following certificates;
 - Certified Food Manager’s Certificate
 - Allergy Awareness Certificate
 - Choke Save Training Certificate (all individuals that are certified)
- Completed Frozen Dessert Application and fee (if applicable)
- HACCP (Hazard Analysis Critical Control Plan) Plan Review Application and fee (if applicable) containing all required information including the HACCP Plan itself
- Copy of Worker’s Compensation Insurance Affidavit

The following must occur prior to issuing of permit:

- In accordance with 8-203.10, the Board of Health shall conduct one or more pre-operational inspections. This inspection will verify that the food establishment was constructed in accordance with the approved plans and that it meets all Federal and State Food Code requirements. Allow at least 48 hours for scheduling. Should you wish to have the Department perform any walk-thrus prior to the pre-operational inspection, please call the office to set one up. Note: No food is permitted in the establishment until approved by this Department. Refer to the Town of Foxborough’s “Food Establishment Pre-operational Inspection” for assistance on getting ready.

Additional Notes:

- All new establishments/new owners must appear in front of the Board of Health. Call the office to be placed on the next agenda.
- Links to both the Federal 1999 Food Code and 105 CMR 590.000 can be found under the “Regulations & Helpful Information” section of the Health Department website. Go to www.foxboroughma.gov to get started. It is required that a copy (in electronic or hard copy form) must be onsite at all times.
- As referenced in 8-304.20, permits are not transferable. The Board of Health must be notified within 48 hours after any change in ownership AND at least 30 days prior to any change in name, location, or addition of a new operation or significant equipment change or remodel.
- The Town of Foxborough conducts all food establishment food inspections according to the establishment’s assigned numerical risk category level. The “Town of Foxborough Risk Categorization of Food Establishment” table detailing each category is attached. You will be informed upon opening what risk category you have been placed in.

Attachments:

Attachment A - Pre-operational checklist

Attachment B – “Town of Foxborough Risk Categorization of Food Establishment table

Attachment C - Finish Schedule Worksheet (To be completed and submitted with Plan Review Application)

Attachment D - Food Code Excerpt – 8-304.11 – “Responsibilities of the Permit Holder”

Attachment E - Employee Health Agreement (Voluntary Use)

Attachment F - Exclusion/Restriction Policies For Ill Employees

Attachment G - Establishment Self-Inspection Checklist

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).

These guidelines are not final requirements. The Board of Health may require additional information based on the type of operation and menu.

Attachment A



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

Food Establishment Pre-operational Inspection

**Please note that this list may not be all inclusive, there may be items that the Board of Health will require that is not on this list during the pre-operational inspection.*

As the Owner of the establishment you and your employees must follow all State and Federal Food Code requirements at all times.

1. Handwashing sinks are accessible, operational and are located near key food prep/warewashing areas.
2. Handwashing sinks are labeled, have paper towels, soap, and hot/cold water
3. Serve Safe is current and posted visible to the public
4. Choke saver certifications are current and available for review by the Board of Health
5. Consumer Advisory on menu (disclosure AND reminder)
6. Allergy Awareness statement located on all menu boards and/or paper menus.
7. Allergy Awareness requirement – Employee allergy poster is posted and visible
8. All cooler/freezer units are operational, clean, and have a working ambient air thermometer in it. **No food is allowed in cooler/freezer units until temperature is verified by the Board of Health.**
9. All floors, walls, and ceilings in food preparation areas are made of smooth, durable, non-adsorbent, cleanable material.
10. Warewashing: If dishwasher is to be used – Ensure dishwasher is operational and will reach required temperatures (and chemical sanitizer levels if applicable). If 3-Bay sink is to be used – Ensure chemical sanitizer is available, corresponding test strips are available, bays are labeled and have “fill lines.”
11. All lights over food prep/service areas are shielded.
12. All equipment, utensils, kitchen surfaces, must be clean. No dust or buildup of any kind should be seen.
13. Employee Handwashing sign in restrooms.
14. Covered trash receptacle in women’s room.
15. All equipment is either “UL” or “NSF” certified. No household equipment allowed.
16. Food preparation sink is available.
17. Handwashing sinks in restrooms fully supplied.
18. Disposable (non-latex) gloves available throughout kitchen area.
19. Area available for employee personal belongings.
20. Documentation of pest control company available for review by the Board of Health.

Attachment B

Table 1 – Town of Foxborough Risk Categorization of Food Establishments

<u>Risk Category</u>	<u>Description</u>	<u>Inspections/ year</u>
1	<ul style="list-style-type: none"> • Establishments whose operation is restricted to the storage and sale of pre-packaged foods. These foods may include potentially and non-potentially hazardous foods. • Establishments that serve pre-packaged non-potentially hazardous foods. • Establishments that prepare or sell only non-potentially hazardous foods. • Establishments that heat/serve only commercially processed potentially hazardous foods for hot holding (i.e. most convenient stores selling hot dogs, pizza, etc.). • Establishments in this category do not cool potentially hazardous foods. • Establishments that would otherwise be grouped in Category 2, but have shown through historical documentation and inspection to have achieved active managerial control of foodborne illness risk factors. 	1
2	<ul style="list-style-type: none"> • Establishments that have a limited menu that causes the limited preparation of potentially hazardous foods (i.e. most items are cooked and served immediately). • Establishments performing complex preparation of potentially hazardous foods such as cook, cool, reheat, hot hold, if limited to a few potentially hazardous foods. • Schools not serving a highly susceptible population. • Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation and inspection to have achieved active managerial control of foodborne illness risk factors. • Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented. 	2
3	<ul style="list-style-type: none"> • Establishments that have an extensive menu with the preparation and handling of several raw ingredients. • Establishments that perform complex activities involving cook, cool, reheat, and hot hold for many potentially hazardous foods. • Establishments that are involved with several hot and cold holding activities. • Establishments that would otherwise be grouped in Category 4 due to a history of non-compliance but have shown through historical documentation and inspection to have achieved active managerial control of foodborne illness risk factors. • Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented. 	3
4	<ul style="list-style-type: none"> • Establishments that prepare and serve potentially hazardous food to a group of highly susceptible population. • Establishments involved with specialized processes that requires a variance and/or HACCP (i.e. reduced oxygen packaging, time as a public health control, service of acidified rice, etc.). 	4

(Revised 12/06/16 following the Board's recommendations during the 12/05/16 public hearing)

Attachment C

FINISH SCHEDULE: Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4" Plastic Coved Molding, etc.) will be used in the following areas.

AREA	FLOOR	FLOOR / WALL JUNCTURE	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Room				
Dressing Room				
Garbage & Refuse Storage				
Mop Service Sink				
Ware washing Area				
Walk-in Refrigerators & Freezers				
Other				

Attachment D

8-304.11 Responsibilities of the Permit Holder

Upon acceptance of the permit issued by the regulatory authority, the permit holder in order to retain the permit shall:

- (A) Post the permit in a location in the food establishment that is conspicuous to consumers;
- (B) Comply with the provisions of this Code including the conditions of a granted variance as specified under § 8-103.12, and approved plans as specified under § 8-201.12;
- (C) If a food establishment is required under § 8-201.13 to operate under a HACCP plan, comply with the plan as specified under § 8-103.12;
- (D) Immediately contact the regulatory authority to report an illness of an employee as specified under § 2-201.15;
- (E) Immediately discontinue operations and notify the regulatory authority if an imminent health hazard may exist as specified under § 8-404.11;
- (F) Allow representatives of the regulatory authority access to the food establishment as specified under § 8-402.11;
- (G) Except as specified under ¶ (H) of this section, replace existing facilities and equipment specified in § 8-101.10 with facilities and equipment that comply with this Code if:
 - (1) The regulatory authority directs the re-placement because the facilities and equipment constitute a public health hazard or nuisance or no longer comply with the criteria upon which the facilities and equipment were accepted,
 - (2) The regulatory authority directs the replacement of the facilities and equipment because of a change of ownership, or
 - (3) The facilities and equipment are replaced in the normal course of operation;
- (H) Upgrade or replace refrigeration equipment as specified under ¶ 3-501.16(C), if the circumstances specified under Subparagraphs (G)(1)-(3) of this section do not occur first, and 5 years pass after the regulatory authority adopts this Code;
- (I) Comply with directives of the regulatory authority including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives issued by the regulatory authority in regard to the permit holder's food establishment or in response to community emergencies;
- (J) Accept notices issued and served by the regulatory authority according to law; and
- (K) Be subject to the administrative, civil, injunctive, and criminal remedies authorized in law for failure to comply with this Code or a directive of the regulatory authority, including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives.

Attachment E

Food Employee Reporting Agreement
Preventing Transmission of Diseases through Food by
Infected Food Employees

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

SYMPTOMS

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part
(such as boils and infected wounds, however small)

MEDICAL DIAGNOSIS

Whenever diagnosed as being ill with *Salmonella Typhi* (typhoid fever), *Shigella spp.* (shigellosis), *Escherichia coli* O157:H7, hepatitis A virus, *Entamoeba histolytica*, *Campylobacter spp.*, *Vibrio cholera spp.*, *Cryptosporidium parvum*, *Giardia lamblia*, Hemolytic Uremic Syndrome, *Salmonella spp.* (non-typhi), *Yersinia enterocolitica*, or *Cyclospora cayetanensis*.

PAST MEDICAL DIAGNOSIS

Have you ever been diagnosed as being ill with one of the diseases listed above? _____
If you have, what was the date of the diagnosis? _____

HIGH-RISK CONDITIONS

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A
2. A household member diagnosed with typhoid fever, shigellosis, illness due to *E. coli* O157:H7, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, *E. coli* O157:H7 infection, or hepatitis A

I have read (or had explained to me) and understand the requirements concerning my responsibilities under **105 CMR 590/1999 Food Code** and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (please print) _____

Signature of Applicant or Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

Attachment F

Guide to Excluding and Restricting Food Employees for Establishments Serving the General Population

Health Status of Employee	Exclude or Restrict?	Notify Local Board of Health?	Employee Back to Work?
Employee has persistent sneezing, coughing, runny nose which causes discharges from the eyes, nose or mouth	Restrict	No	Employee can return to normal duties once the symptoms have stopped.
Experiencing one or more of the following symptoms: diarrhea, vomiting, fever, sore throat with fever, open sore*	Restrict	No, unless more than one employee is ill with similar symptoms or employee was source of illness in others	If ill employee did not cause an illness in someone else, he can work once symptoms have stopped. If he is suspected of being part of a foodborne illness outbreak, he will also need written medical documentation and regulatory authority approval. If an open sore can be covered with a water tight covering, the employee can work as normal.
Diagnosed with one of these very contagious diseases: <i>Salmonella</i> Typhi, <i>Shigella</i> spp., <i>E. coli</i> O157:H7, or Hepatitis A	Exclude	Yes	If symptoms are present, the employee must wait until they resolve. The employee will also need written medical documentation and approval from the regulatory authority.
Diagnosed with any other disease which is transmissible through food such as Salmonellosis, Giardiasis and Campylobacteriosis (for complete list see 590.003(C)(5)-(14))	Restrict	Yes	If symptoms are present, the employee must wait until they resolve. The employee will also need written medical documentation and approval from the regulatory authority.
Employee was ill with <i>Salmonella</i> Typhi within the last three months.	Exclude	Yes	The employee will need to provide written medical documentation to the regulatory authority.
Employee was ill with <i>Shigella</i> spp., <i>E. coli</i> O157:H7 within the past month	Exclude	Yes	The employee will need to provide written medical documentation to the regulatory authority.
Employee was ill with any other disease which is transmissible through food within the past month (see 590.003(C)(5)-(14) and consult Board of Health.)	Restrict	Yes	The employee will need to provide written medical documentation to the regulatory authority.
Employee has become jaundiced within the past 7 days.	Exclude	Yes	The employee must be excluded for at least 7 days from the onset of jaundice. After 7 days, the employee can work if he is free of all symptoms, has written medical documentation and approval from the regulatory authority.
Employee is jaundiced but it started more than 7 days ago.	Restrict	Yes	The employee must be free of all symptoms and must have written medical documentation and approval from the regulatory authority.
Employee lives with someone who was diagnosed with Hepatitis A or <i>Salmonella</i> Typhi	Exclude	Yes	For Hepatitis A, the employee will need to be excluded for 28 days unless he receives Immune Globulin within 2 weeks of exposure. For <i>Salmonella</i> Typhi, employee will need to provide medical documentation and approval from the regulatory authority

* If an employees has symptoms due to a chronic condition which is not contagious, such as Crohn's Disease, irritable bowel syndrome or ulcerative colitis, the person in charge should have the employee provide medical documentation which confirms this information. If an employee has diarrhea and lives with someone who was diagnosed with an illness which is transmissible through food, the regulatory authority must be notified and the employee will need to provide medical documentation that he is free of the illness of concern.

How do I know if I serve the “general population”?

Most food service establishments serve the general population. Those that do not serve the general population are food establishments which operate in facilities such as hospitals, nursing homes, daycare centers, and assisted living centers. Such establishments will have more stringent requirements for excluding and restricting ill employees because they are considered to serve a highly susceptible population. A highly susceptible population is a group of people who are more likely than others to experience foodborne disease because they are immunocompromised due to old age, very young age, or a medical condition. For the purposes of the new regulations, a highly susceptible population is considered to be one which is in a **facility** which provides health care or assisted living services, such as a hospital or nursing home, or in a **facility** which provides custodial care to preschool age children such as a day care center. All other food establishments serve the general population.

What is “written medical documentation”?

Written medical documentation, if required, means that the ill employee must have written proof that he is free of any disease which could be transmitted to others through food. In most cases, this will be satisfied by providing copies of lab tests, however, in certain situations, it will require a written note from a licensed doctor, nurse practitioner or physician’s assistant. The written documentation must be provided to the local Board of Health. The local Board of Health can tell you what will be needed for each situation in order to have an exclusion or restriction lifted.

Who is the “regulatory authority”?

The regulatory authority is usually the local Board of Health in the town in which the establishment is licensed. In some cases, such as a large outbreak, it may be the Massachusetts Department of Public Health.

What does it mean to restrict a food employee?

A restriction means that the food employee may **not** work with exposed food, clean utensils and equipment, clean linens and unwrapped single-service and single-use articles.

What does it mean to exclude a food employee?

If a food employee needs to be excluded, they may not enter any part of the establishment where food and equipment is stored, prepared or served.

Who is responsible for reporting symptoms or illnesses?

The responsibility to report symptoms or illnesses lies with the food employee, and they should be made aware of this requirement when first hired. Symptoms or illnesses should be reported to the person in charge.

What is the role of the person in charge?

The person in charge has many roles. The person in charge must require that employees report any symptoms or illnesses to them, and he must do everything he can to insure that employees are complying with this requirement. In addition, when indicated (see chart), the person in charge must exclude the employee from the establishment or restrict the duties of the employee until the medical condition or symptoms resolve. In many instances, the person in charge will also need to notify the local Board of Health that they have an ill employee.

What can the person in charge do to encourage employee compliance with the reporting requirement?

If employees will lose time from work, they may be reluctant to report their illnesses to the management. One way to encourage reporting would be to allow a certain number of paid sick days for each employee. In addition, educating the employees about the importance of not working when sick may help motivate them to be responsible and not work when they might pose a risk to customers or other employees. If possible, assign the person to duties which do not put him at risk of contaminating food or infecting other employees.

Guide for Industry: Excluding and Restricting Food Employees for Establishments that Serve a Highly Susceptible Population

Health Status of Employee	Exclude or Restrict?	Notify Local Board of Health?	Employee Back to Work?
Employee has persistent sneezing, coughing, runny nose which causes discharges from the eyes, nose or mouth	Restrict	No	Employee can return to normal duties once the symptoms have stopped.
Experiencing one or more of the following symptoms: diarrhea, vomiting, fever, sore throat with fever, open sore*	Restrict	No, unless employee was source of illness in others	If ill employee did not cause an illness in anyone else, the employee can work once symptoms have stopped. If employee is suspected being the source of a foodborne outbreak, written medical documentation and regulatory authority approval will be needed before resumption of normal duties. If an open sore can be covered with a water tight covering, the employee can work as normal.
Experiencing a symptom as above, but also meets a high risk condition**	Exclude	Yes	Once symptoms have resolved, the employee will need medical documentation and approval from the regulatory authority.
Diagnosed with one of these highly infectious organisms: <i>Salmonella</i> Typhi, <i>Shigella spp.</i> , <i>E. coli</i> O157:H7, or Hepatitis A	Exclude	Yes	If symptoms are present, the employee must wait until they resolve. The employee will also need written medical documentation and approval from the regulatory authority.
Diagnosed with any other disease which is transmissible through food such as Salmonellosis, Giardiasis and Campylobacteriosis (for complete list see 590.003(C)(5)-(14) or consult Board of Health for clarification)	Exclude	Yes	If symptoms are present, the employee must wait until they resolve. The employee will also need written medical documentation and approval from the regulatory authority.
Employee was ill with <i>Salmonella</i> Typhi within the past 3 months.	Exclude	Yes	The employee will need written medical documentation and approval from the regulatory authority.
Employee was ill with <i>Shigella spp.</i> , <i>E. coli</i> O157:H7 or any other disease that is transmissible through food within the past month (see 590.003(C)(5)-(14) or consult Board of Health for clarification.)	Exclude	Yes	The employee will need written medical documentation and approval from the regulatory authority.
Employee has become jaundiced within the past 7 days.	Exclude	Yes	The employee must be excluded for at least 7 days from the onset of jaundice. After 7 days the employee can work if he is free of all symptoms and if he has written medical documentation and approval from the regulatory authority.
Employee is jaundiced but it started more than 7 days ago.	Exclude	Yes	The employee must be free of all symptoms and must have written medical documentation and approval from the regulatory authority.

* If the employee has symptoms which are due to a chronic medical condition which is not contagious, such as Crohn's disease, irritable bowel syndrome or ulcerative colitis, the person in charge should have the employee provide medical documentation which confirms this information.

** "High risk conditions" is defined in Food Code 2-201.11(D). Essentially, it means conditions which put an employee at high risk of becoming ill because they either prepared or consumed food which caused an outbreak of *Salmonella* Typhi, *Shigella spp.*, *E. coli* O157:H7 or Hepatitis A, or they live with a person who is ill with a disease which is transmissible through food, or they live with someone who has been exposed to one of these diseases. If an employee has a high-risk condition, but has no symptoms, they can continue to work. However, they should report the high-risk condition to the person in charge. If the employee becomes symptomatic, they will need to be excluded from work. If the employee lives with someone who has Hepatitis A or *Salmonella* Typhi they must be excluded.

How do I know if I serve a “highly susceptible population”?

A highly susceptible population is a group of people who are more likely than others to experience foodborne disease because they are immunocompromised due to old age, very young age, or a medical condition. For the purposes of the new regulations, a highly susceptible population is considered to be one which is in a **facility** which provides health care or assisted living services, such as a hospital or nursing home, or in a **facility** which provides custodial care to preschool age children such as a day care center. Because of the immune deficient nature of this population, food establishments which operate in facilities such as hospitals, nursing homes, daycare centers, and assisted living centers will have more stringent requirements for excluding and restricting ill employees.

What is “written medical documentation”?

Written medical documentation, if required, means that the ill employee must have written proof that they are free of any disease, which could be transmitted to others through food. In most cases, this will be satisfied by providing copies of lab tests showing negative stool cultures. However, in certain situations, it will require a written note from a licensed doctor, nurse practitioner or physician’s assistant. The written documentation must be provided to the local Board of Health. The local Board of Health can tell you what documentation will be needed in order to have an exclusion or restriction lifted.

Who is the “regulatory authority”?

The regulatory authority is usually the Board of Health in the town in which the establishment is licensed. In some cases, such as a large outbreak, it may be the Massachusetts Department of Public Health.

What does it mean to restrict a food employee?

A restriction means that the food employee may **not** work with exposed food, clean utensils and equipment, clean linens and unwrapped single-service and single-use articles.

What does it mean to exclude a food employee?

If a food employee needs to be excluded, they may not enter any part of the establishment where food and equipment is stored, prepared or served.

Who is responsible for reporting symptoms or illnesses?

The responsibility to report symptoms or illnesses lies with the employee, and they must be made aware of this requirement when first hired. Symptoms or illnesses must be reported to the person in charge.

What is the role of the person in charge?

The person in charge has many roles. The person in charge must require that employees report any symptoms or illnesses to them, and he must do everything he can to insure that employees are complying with this requirement. In addition, when indicated (see chart), the person in charge must exclude the employee from the establishment or restrict the duties of the employee until the medical condition or symptoms resolve. In many instances, the person in charge will also need to notify the local Board of Health that they have an ill employee.

What can the person in charge do to encourage employee compliance with the reporting requirement?

If employees will lose time from work, they may be reluctant to report their illnesses to the management. One way to encourage reporting would be to allow a certain number of paid sick days for each employee. In addition, educating employees about the importance of not working when sick may help motivate them to be responsible and not work when they might pose a risk to customers or other employees. When possible, a restricted employee should be temporarily assigned to duties in which there is no risk of contaminating exposed food, clean utensils and equipment, clean linens, and unwrapped single-use and single service items.

Attachment G

ESTABLISHMENT SELF-INSPECTION CHECKLIST

Date: _____

Manager: _____

(Use this checklist frequently to determine areas in your operation requiring corrective action. Record corrective action taken and keep completed records for future reference). The items below offers a mirror image checklist that a Health Department inspection is based on).

EMPLOYEE HEALTH & HYGIENE

- | | | |
|---|-----|----|
| --Fingernails short & unpolished (or gloves worn if nails polished), no fake nails. | YES | NO |
| --Jewelry limited to simple earrings and plain ring. | YES | NO |
| --Employees wearing proper uniforms, hair restraints worn. | YES | NO |
| --Smoking, eating, drinking, and chewing gum done only in designated areas away from preparation, service, storage and ware wash areas. | YES | NO |
| --Wounds on hands or wrists are covered completely. | YES | NO |
| --Employees experiencing persistent sneezing, coughing, or runny nose may not work with exposed food or food equipment. | YES | NO |
| --Employees are excluded from work who are ill (i.e. vomiting, diarrhea, sore throat with fever, presence of jaundice). | YES | NO |
| --Employees are washing hands correctly (washing for at least 20 seconds, drying with single service toweling) and when necessary (before work; upon reentering work area; after eating, drinking, smoking, touching face; after using restroom; when switching work activities, etc.). | YES | NO |
| --All hand wash sinks are provided with hot and cold running water, soap, and single service hand towels; hand sinks are not covered or obstructed in any way. | YES | NO |
| --Food employees are aware of their reporting responsibilities regarding infectious diseases transmissible through foods. | YES | NO |

FOOD HANDLING

- | | | |
|--|-----|----|
| --Hot held are at 140°F or above. | YES | NO |
| Food Temped: _____ Temperature: _____ | | |
| --Foods cold held are at 41°F or below or frozen solid | YES | NO |
| Food Product/Cooler: _____ Temperature: _____ | | |
| Food Product/Cooler: _____ Temperature: _____ | | |
| Food Product/Cooler: _____ Temperature: _____ | | |
| Food Product/Cooler: _____ Temperature: _____ | | |

- | | | |
|---|-----|----|
| --Foods cooked to proper temperatures. | YES | NO |
| Food product: _____ Temperature: _____ | | |
| Food product: _____ Temperature: _____ | | |
| Food product: _____ Temperature: _____ | | |
|
 | | |
| --Foods are reheated to 165°F for 15 seconds. | YES | NO |
| Food Product: _____ Temperature: _____ | | |
| Food Product: _____ Temperature: _____ | | |
| Food Product: _____ Temperature: _____ | | |
|
 | | |
| --Raw animal foods separated from ready-to-eat foods during preparation. | YES | NO |
|
 | | |
| --Raw fruits and vegetables (even skinned) thoroughly washed before use. | YES | NO |
|
 | | |
| --Foods are properly thawed (i.e. in cooler, under cold running water, or as part of the cooking process). | YES | NO |
|
 | | |
| --Foods are cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or less within an additional 4 hours | YES | NO |
|
 | | |
| --Thermometers in coolers are accurate, conspicuous, and in the warmest part. | YES | NO |
|
 | | |
| --Utensils are handled to avoid touching parts that will be in direct contact with food. | YES | NO |
|
 | | |
| --Ready-to-eat foods are not touched with bare hands (gloves or utensils are used). | YES | NO |

FOOD SOURCE, DELIVERY, AND RECEIVING

- | | | |
|--|-----|----|
| --Meat is from an approved, inspected source. | YES | NO |
|
 | | |
| --Fish and shellfish from an approved source, shellfish properly labeled. | YES | NO |
|
 | | |
| --No food has been prepared in a home or an unlicensed kitchen for use in establishment. | YES | NO |
|
 | | |
| --Food containers are labeled, only grade A milk and eggs are used. | YES | NO |
|
 | | |
| --Foods arrive in good condition and proper temperatures. | YES | NO |
|
 | | |
| --Receiving foods are temped for correct temperatures and temperatures are recorded on invoice or other records. | YES | NO |
|
 | | |
| --Dented cans (around end seam and lid) or swollen cans are not accepted or discarded. | YES | NO |
|
 | | |
| --Shellfish tags are received with shellfish, are accurate, and retained for 90 days. | YES | NO |

STORAGE

- | | | |
|--|-----|----|
| --Raw meats and unwashed produce are stored below/away from ready-to-eat, cooked or smoked foods | YES | NO |
| --All food and single service items are stored at least 6" above the floor. | YES | NO |
| --Food not stored under waste or water lines. | YES | NO |
| --First in, first out method of inventory rotation is used. All expired food is discarded. | YES | NO |
| --Food protected from contamination (covered, rodent-proof containers). | YES | NO |
| --Chemicals stored away from or below all food and food related supplies. | YES | NO |
| --Lights in food prep and food storage areas are shielded. | YES | NO |

CLEANING AND SANITIZING

- | | | |
|--|-----|----|
| --All utensils and equipment are allowed to air dry. | YES | NO |
| --Manual: 3 or 4 compartment sink is used, sinks are clean and set up properly (prewash, wash, rinse, sanitize). | YES | NO |
| --Adequate supply of soap and an approved sanitizer available. | YES | NO |
| --Appropriate test kit used to check sanitizer concentration available. | YES | NO |
| --Mechanical: Dishwasher clean and delimed. | YES | NO |
| --Water temperature and pressure gauges working. | YES | NO |
| --Wash and rinse cycle times and temperatures correct. | YES | NO |
| --Adequate soap and (if used) chemical sanitizer supplied. | YES | NO |
| --Wash buckets and sanitizer buckets prepped prior to food prep activities. | YES | NO |
| --Sanitizer solution is clean, free of debris, and at the proper concentration. | YES | NO |
| --Chemical solution storage containers appropriately labeled. | YES | NO |

UTENSILS AND EQUIPMENT

- | | | |
|---|-----|----|
| --Food contact surfaces and nonfood contact surfaces are clean.
(i.e. Service line equipment, walk-ins, floors, walls, ceilings, etc.) | YES | NO |
| --Food prep surfaces are washed and sanitized between uses
and clean to sight and touch. | YES | NO |
| --Food slicer is clean to sight and touch and has been sanitized every 4 hours. | YES | NO |
| --Thermometers are accurate; washed and sanitized between uses. | YES | NO |
| --Unused equipment kept clean in storage or removed from establishment. | YES | NO |
| --Nonworking equipment repaired or removed from establishment. | YES | NO |
| --Gaskets are in good repair on all equipment. | YES | NO |
| --Food utensils and prep surfaces in good repair. | YES | NO |
| --Wiping cloths stored in sanitizing solution between uses. | YES | NO |
| --All areas of the ice machine are clean to sight and touch. | YES | NO |
| --Exhaust hood and filters are clean. Documentation or sticker available. | YES | NO |

PEST CONTROL

- | | | |
|--|-----|----|
| --No evidence of pests is present. | YES | NO |
| --All openings from the outside are screened or otherwise protected. | YES | NO |

FACILITY

- | | | |
|--|-----|----|
| --Public restrooms clean and fully supplied with soap and drying aids. | YES | NO |
| --Permit and Certified Food Manager Certificate posted. | YES | NO |
| --Current staff is trained in Allergy Awareness. | YES | NO |
| --Someone certified in Choking Maneuvers available during all hours of
operation. | YES | NO |
| --Aware of events that may pose an imminent health hazard and need immediate
closure of establishment and notification to the Board of Health.
(i.e. fire, flood, extended interruption of electrical or water service, sewage backup,
gross unsanitary occurrence, etc.) | | |

