

PLAN REVIEW WORKSHEET**ESTABLISHMENT INFORMATION**

NAME: _____

ADDRESS: _____

PHONE #: _____

ESTABLISHMENT TYPE: FOOD SERVICE (# of seats: _____) RETAIL (# of ft²: _____)
 FOOD SERVICE – takeout only RESIDENTIAL KITCHEN

DAYS/HOURS OF OPERATION: _____

SPECIALIZED PROCESSES (HACCP PLAN REQUIRED): YES NO**OWNER INFORMATION**

NAME: _____

ADDRESS: _____

PHONE #: _____

CONTACT: _____

TITLE: _____

REQUIRED DOCUMENTATION / SUBMISSIONS

- PLAN REVIEW FEE OF \$150 (payable Town of Hudson)
 PROPOSED MENU
 FLOOR PLAN (see below for minimum standards / information required)
 EQUIPMENT SCHEDULE (with specification sheets, as available)
 PEST CONTROL CONTRACT COPY (IPM and frequency of service)
 DISPOSAL CONTRACT (size of dumpster, pick-up frequency, grease rendering contract)
 EMPLOYEE SICK POLICY
 WRITTEN PROCEDURES FOR FOOD PROCESSES (thawing, holding, cooking, cooling) (If requested by Board of Health)
 HACCP PLAN (If required)
 DOCUMENTATION/LICENSES (Food manager certification, allergy awareness, anti-choke if required)

FLOOR PLAN REQUIREMENTS

- SIZE AND FORMAT: MINIMUM 1/4" PER FOOT SCALE (ARCHITECT'S STAMP REQUIRED FOR BUILDING PERMIT)
 LOCATION OF ALL EQUIPMENT (elevation, spacing, dimensions of equipment – list on equipment schedule)
 LOCATION / QUANTITY OF THE FOLLOWING SINKS: food prep, 3-bay sink, handwashing, service / mop sink
 LOCATION OF FOLLOWING AREAS: receiving, food preparation, warewashing, garbage disposal, dressing / changing rooms, chemical storage, dry storage, food storage, mop sink, area for washing of waste bins, grease traps, backflow prevention, floor drains, hot water heater, waste water fixtures, ventilation facilities
- | | |
|--|---|
| <input type="checkbox"/> SEATING CAPACITY | <input type="checkbox"/> STORAGE CAPACITY (dry, cold, hot) |
| <input type="checkbox"/> DISH WASHING TYPE (3-bay, dish machine) | <input type="checkbox"/> SANITIZING AGENT (chlorine, QAC, high temp.) |
| <input type="checkbox"/> FINISH / LIGHTING SCHEDULE | |
| <input type="checkbox"/> TYPES OF FOOD SERVICE OPERATIONS | <input type="checkbox"/> FLOW OF FOOD DIAGRAM, RISK-BASED (receiving – service) |
| <input type="checkbox"/> DAILY MEAL VOLUME (food service only) | |

BY SIGNING BELOW, I HEREBY CERTIFY THAT THE INCLUDED PLAN IS DESIGNED AND SUBMITTED IN COMPLIANCE WITH 105 CMR 590.000, AS AMENDED, AND ANY OTHER RELEVANT STATE, FEDERAL AND LOCAL REGULATIONS.

SIGNATURE_____
PRINTED NAME_____
DATE SIGNED