

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
- ☐ SEATING CAPACITY
- ☐ STORAGE CAPACITY (dry, cold, hot)
- ☐ DISH WASHING TYPE (3-bay, dish machine)
- ☐ SANITIZING AGENT (chlorine, QAC, high temp.)
- ☐ FINISH / LIGHTING SCHEDULE
- ☐ TYPES OF FOOD SERVICE OPERATIONS
- ☐ FLOW OF FOOD DIAGRAM, RISK-BASED (receiving – service)
- ☐ 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