



**TOWN OF MEDWAY**  
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall  
155 Village Street  
Medway, MA 02053  
Phone (508) 533-3206*

**BOARD OF HEALTH**

**Food Establishment Plan Review Application**

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

Please check one for this food establishment plan review:

- New (New Business/ Owner)       Remodel (existing Business)       Conversion

**1. Type of Food Operation** (check all the applicable operations)

- |   |  |
|---|--|
| <input type="checkbox"/> Restaurant- Take Out (no seating onsite) | <input type="checkbox"/> Restaurant- Seating (eating onsite)     |
| <input type="checkbox"/> Catering Only (no restaurant/ market)    | <input type="checkbox"/> Catering within a restaurant/ market    |
| <input type="checkbox"/> Retail Food- No Food Preparation         | <input type="checkbox"/> Retail Food- With Food Preparation      |
| <input type="checkbox"/> Church- With Food Preparation            | <input type="checkbox"/> Daycare with Food Preparation           |
| <input type="checkbox"/> Institution (school, college)            | <input type="checkbox"/> Nursing Home, Assisted Living, Hospital |
| <input type="checkbox"/> Other- Specify: _____                    |  |

**2. Food Establishment Information:**

Establishment Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Medway, MA 02053  
Establishment Phone Number: \_\_\_\_\_

**3. Owner Information:**

Name of Owner(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Applicant Information:**

Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**5. Hours of Operation:**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**6. Operation Information:**

Total square feet of facility: \_\_\_\_\_ sq ft      Number of floors on which operations are conducted: \_\_\_\_\_

Will there be indoor seating?  Yes     No      Number of seats: \_\_\_\_\_  Unknown  N/A

**7. Specialized Processes:**

Will any of the following Special Processes be used?  Yes (check all that apply)     No

- Cook-Chill                       Curing & Smoking for Preservation                       Fermenting
- Sous Vide                       Live Molluscan Shellfish Tank                       Reduced Oxygen Packaging (ROP)
- Sprouted Seeds               Use of Additives to Render a Food as Non- TCS (example- sushi rice)

Will a HACCP Plan be submitted?  Yes- submit a copy with this application     No

Will a request for a variance be requested?  Yes (submit request with this application)                       No

Will Time as a Public Health Control be used during your operation?  Yes     No

**8. Finish Schedule:**

Indicate the materials that will be used in the following areas:

Area/ Room	Floor	Coving	Wall	Ceiling
Cook Line				
Food Preparation				
Food Storage				
Garbage & Refuse Storage				
Mop/ Utility Sink				
Ware Washing				
Toilet Room(s)				
Bar				
Other Storage				
Other- Specify				

**9. Plumbing Schedule:**

Check the appropriate box indicating equipment drains

Plumbing fixtures	Floor Sink	Hub Drain	Floor Drain	Direct Waste
Manual Ware Washing Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Ware Washing Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar Glass Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Storage Bin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Wash Sink (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Bin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other- Specify				

**10. Water and Sewage:**

Sewerage Disposal (municipal or private): \_\_\_\_\_  
 (If serviced by an on-site septic system, indicate design flow in GPD)

Water Source: \_\_\_\_\_

DEP Public Water Supply Number (if applicable): \_\_\_\_\_

**11. Ware Washing:**

Will a 3-compartment sink be provided?  Yes  No

3-Compartment sink: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Will the largest pot 7 pan fit into each compartment of the 3-compartment sink?  Yes  No

Food contact sanitizer that will be used:  Chlorine- Name: \_\_\_\_\_  Quaternary- Name: \_\_\_\_\_

Contact time for food contact sanitizer: \_\_\_\_\_

Location for air drying clean equipment: \_\_\_\_\_

**12. General:**

Approximately, what is the maximum number of meals that will be served?

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Will dressing rooms/ lockers be provided?  Yes  No

Will linens be laundered on site?  Yes  No If no, explain: \_\_\_\_\_

Name of solid waste disposal company (must be licensed in Medway): \_\_\_\_\_

Name of pest control company: \_\_\_\_\_

**13. Food Handling Procedures:**

Describe the handling/ preparation procedures for the following categories of food. Describe the processes from receiving to service. This should include how food will arrive (frozen, fresh, package, etc.), where food will be stored, where food will be cut, marinated, breaded, cooked, etc., and where food will be handled/ prepared.

Ready to Eat Foods (salads, cold sandwiches, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Produce: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Poultry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meat: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seafood: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest to the accuracy of the information provided above, and fully understand that any deviation from the above without prior permission from the Medway Board of Health may nullify final approval.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications for this Food Establishment Plan Review will not be accepted unless ALL of the documents are enclosed with the application:**

- Completed Food Establishment Plan Review Application
- Application fee- \$200- Make check payable to "Town of Medway"
- Proposed Menu
- Site plan showing location of business in building; location of building on site including alleys, streets, and location of any outside equipment (dumpsters, well, septic system (if applicable))
- Set of plans for the entire establishment including the basement (if applicable), drawn to scale. Show the location of all food equipment, sinks, etc. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards (if applicable).
- One set of manufacturer equipment specification sheets for all equipment to be used in the establishment.

**If applicable also submit:**

- Certified Food Manager Certificate(s)
- Allergen Awareness Certificate(s)
- Choke Save Training Certificate
- HACCP Plan
- Variance Request

**Before opening, a food establishment permit application must be submitted and a food permit must be issued. A pre-operational inspection must also be conducted and passed by the Board of Health.**

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**For Official Use Only**

- Approved as submitted**
- Approved as submitted with the following conditions:** \_\_\_\_\_

- Disapproved as submitted- Reason(s):** \_\_\_\_\_

**Date reviewed:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_