



Food Establishment Plan Review Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
F-6**

Fee:

- New Construction (\$275)
- Renovation (\$155)
- Conversion (\$90)
- HACCP (\$220)

Name of Establishment: _____

Address: _____

Phone (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Mailing Address: _____

Telephone: _____

Title (owner, manager, architect, etc): _____

Plans/Application have been submitted to the following:
(Please note date of submittal on application line)

| | | | |
|------|---------------------------------|-------|----------|
| ____ | Town Manager/Board of Selectmen | _____ | Plumbing |
| ____ | Building/Zoning | _____ | Electric |
| ____ | Planning | _____ | Police |
| ____ | Conservation | _____ | Fire |
| ____ | Other | _____ | |

Health Department to Complete Below This Line

| | | | |
|----|----------------------------------|------------------------------|-----------------------------|
| 1. | Application Completed w/Payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Application and Plans Approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Approval Letter Sent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Final Pre-Operative Inspection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Issue Permit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Plans Rejected | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Food Certification Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Tobacco Permit Required | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Inspectors Initials _____ Date _____

PLAN REVIEW WORKSHEET

REQUIRED DOCUMENTATION / SUBMISSIONS

- PLAN REVIEW FEE (payable Town of Acton)
- 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 contracts)
- EMPLOYEE SICK POLICY
- WRITTEN PROCEDURES FOR FOOD PROCESSES (thawing, holding, cooking, cooling)
- HACCP PLAN AND FEE (if required)
- DOCUMENTATION / LICENSES (food manager certification, allergen awareness, liability insurance, anti-choke if required)

FLOOR PLAN REQUIREMENTS

- SIZE AND FORMAT: MINIMUM 1/4" PER FOOT SCALE
- 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 THE 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 temperature)
- FINISH / LIGHTING SCHEDULE
- TYPES OF FOOD SERVICE OPERATIONS
- FLOW OF FOOD DIAGRAM, RISK BASED (receiving – service)
- DAILY MEAL VOLUME (food service only)