



Needham Public Health Division

178 Rosemary Street, Needham, MA 02494
www.needhamma.gov/health

781-455-7940 ext. 504
781-455-7922 (fax)



2019 NEEDHAM FOOD PHYSICAL PLAN AND SPECIFICATION REVIEW FOR NEW VENDORS

This form will need to be completed and uploaded with application. It will be used during the Public Health Division's Physical Inspection of your vehicle.

A. PHYSICAL FACILITIES

- WINDOWS, DOORS, & TAKEOUT WINDOWS SCREENED YES NO
- SNEEZE GUARDS AND OVERHEAD PROTECTION PROVIDED YES NO
- TYPE OF **FINISH FLOOR MATERIAL** FOOD PREP. AREA QUARRY TILE CERAMIC TILE
 VCT TILE OTHER _____
- TYPE OF **FINISH WALL MATERIAL** FOOD PREP. AREA STAINLESS STEEL CERAMIC TILE
 FRP SHEETROCK OTHER _____
- TYPE OF **FINISH CEILING MATERIAL** FOOD PREP. AREA SHEETROCK VINYL FACED
 FRP METAL OTHER _____
- LIGHT FIXTURES SHIELDED FOOD PREP. AREAS YES NO
- EMPLOYEE TOILET FACILITIES PROVIDED YES NO LOCATION _____
- EXHAUST AND VENT SYSTEM APPROVED/STICKER PRESENT YES NO
- DESCRIBE STORAGE FACILITIES FOR EMPLOYEES' PERSONAL BELONGINGS: _____

DESCRIBE FACILITIES FOR SEPARATE STORAGE OF INSECTICIDES/ RODENTICIDES/DETERGENTS/
SANITIZERS/ CLEANING AGENTS/ CAUSTICS/ ACIDS/ POLISHES/ FIRST AID SUPPLIES/ PERSONAL
MEDICATIONS: _____

- GAS GENERATORS IN USE? YES NO
- IF YES, WHERE IS THE GENERATOR LOCATED ON SITE? _____
- IF YES, WHERE IS THE GAS STORED? _____

B. HAND, WAREWASH, AND WATER FACILITIES ON THE MOBILE FOOD ESTABLISHMENT

- SEPARATE FOOD PREPARATION SINK PRESENT YES NO
- POT SINK PROVIDED WITH DRAIN BOARDS (3 COMPARTMENTS REQUIRED) YES NO
- SEPARATE HAND WASH SINK PROVIDED AND SUPPLIED YES NO
- SOAP DISPENSERS (WALL MOUNTED, INDIVIDUAL FREE STANDING PUMP DISPENSERS)
LOCATION AND NUMBER _____
- HAND DRYING FACILITIES (PAPER TOWELS, AIR BLOWER, ETC)
LOCATION AND NUMBER _____
- COMBINATION FAUCET/MIXING VALVE (MIN 110 °F) YES NO
- SIZE OF HOLDING TANK FOR POTABLE WATER _____
- TANK MADE OF SAFE/FOOD GRADE MATERIALS YES NO
- WHERE IS THE POTABLE WATER TANK FILLED? _____

DOES THE WATER SOURCE FOR YOUR TANK HAVE A PROPER BACK-FLOW PREVENTER? YES NO

WHAT STEPS WILL YOU TAKE IF POTABLE WATER RUNS OUT? _____

SIZE OF WASTE HOLDING TANK _____ DRAIN PROVIDED FOR WASTE TANK YES NO

C. KITCHEN FACILITIES/ EQUIPMENT

FOOD EQUIPMENT IS NATIONAL SANITATION FOUNDATION APPROVED YES NO

REFRIGERATOR UNIT PROVIDED _____ N/A
(VOLUME REQUIRED = # OF MEALS x 0.85) TOTAL (FT³) HOW MANY

FREEZER UNIT PROVIDED _____ N/A
TOTAL (FT³) HOW MANY

THERMOMETERS PRESENT IN EACH COLD UNIT YES NO

IS ICE MADE ON PREMISES? YES (INCLUDE MACHINE SPECS) NO BOUGHT FROM: _____

CHECK IF TYPE OF COOKING EQUIPMENT IS PRESENT IN THE MOBILE FOOD ESTABLISHMENT:

- | | | | |
|--|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> CONVECTION OVEN | <input type="checkbox"/> STOVE | <input type="checkbox"/> GRILL | <input type="checkbox"/> PIZZA OVEN |
| <input type="checkbox"/> MICROWAVE OVEN | <input type="checkbox"/> FRYER | <input type="checkbox"/> BROILER | <input type="checkbox"/> ROTISSERIE |
| <input type="checkbox"/> STEAM KETTLES | <input type="checkbox"/> RICE COOKER | <input type="checkbox"/> OTHER _____ | |

STEAM TABLES PROVIDED YES HOW MANY _____ NO

OTHER HOT HOLDING EQUIPMENT PROVIDED: _____ N/A
TYPE HOW MANY

OTHER KITCHEN EQUIPMENT PROVIDED: _____ N/A
TYPE HOW MANY

_____ N/A
TYPE HOW MANY

D. GARBAGE AND REFUSE:

SUFFICIENT TRASH CONTAINMENT INSIDE AND OUTSIDE OF THE ESTABLISHMENT? YES NO

DO ALL CONTAINERS HAVE LIDS? YES NO

INSIDE: TYPE OF RUBBISH AND GREASE CONTAINERS: VERMIN PROOF BARRELS
 COMPACTOR OTHER _____

GREASE PICK-UP SCHEDULE _____

GREASE COMPANY NAME/PHONE NUMBER _____

DESCRIBE THE LOCATION OF GREASE STORAGE RECEPTACLE _____

OUTSIDE: WILL GARBAGE CANS BE STORED OUTSIDE? YES NO

TYPE OF SURFACE GARBAGE CANS LOCATED ON: CONCRETE ASPHALT OTHER _____

HOW ARE TRASH/DEBRIS HANDLED AT THE END OF THE VENDING DAY? _____

E. COMMISSARY DISHWASHING FACILITIES

WILL SINKS OR A DISHWASHER BE USED FOR WAREWASHING? DISHWASHER
 THREE COMPARTMENT SINK
 BOTH

IF DISHWASHER, TYPE: HOT WATER CHEMICAL

IF HOT WATER: TEMP. OF WASH WATER _____ TEMP. OF FINAL RINSE _____

IS HEATER BOOSTER PROVIDED YES NO

IF CHEMICAL: TYPE OF CHEMICAL _____ AUTOMATIC FEED: YES NO

IF THREE COMPARTMENT SINK:

DOES THE LARGEST POT AND PAN FIT IN EACH COMPARTMENT YES NO

ARE THERE DRAIN BOARDS ON BOTH ENDS YES NO

TYPE OF SANITIZER USED: CHLORINE YES NO IODINE YES NO

QUATERNARY AMMONIUM YES NO

NOTE: PLEASE MAKE CERTAIN THAT THE CORRESPONDING SANITIZER TESTING KITS/PAPERS ARE AVAILABLE AT THE PRE-OPERATION INSPECTION.

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT PRIOR PERMISSION FROM THE PUBLIC HEALTH DIVISION MAY NULLIFY THIS APPROVAL.

SIGNATURE(S) _____

DATE

OWNER(S) OR RESPONSIBLE REPRESENTATIVE(S)

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS PUBLIC HEALTH DIVISION 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). A PRE-OPENING INSPECTION OF THE ESTABLISHMENT WITH EQUIPMENT WILL BE NECESSARY TO DETERMINE IF IT COMPLIES WITH THE LOCAL AND STATE LAWS GOVERNING FOOD SERVICE ESTABLISHMENTS.