



CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

May 2019

Dear City of Lynn Retail Food Facility Owner/Operator:

Attached please find the City of Lynn Plan Review Application for Food Establishments. FC-13 8-201 outlines the requirement of a food plan review for all new establishments as well as establishments who are renovating. The purpose of the food plan review is to ensure that all construction/renovation of/in a food establishment meets the requirements of the food (2013 FDA Food Code and 105 CMR 590.00) PRIOR to work beginning.

Please see the following steps:

- Determine if the location of your establishment requires a special permit or zoning variance. Plans will not be accepted until verification of location suitability.
- If desired, schedule an appointment with the Sanitarian to review the Plan Application prior to completion so you may understand all that is required.
- When you are ready to submit your completed application you must schedule an appointment with the Sanitarian for review and payment.
- Please bring one paper copy of the application and one electronic copy of the application. The electronic copy must be no more than 4 separate documents/pdfs. Email is acceptable for electronic copy. Calculation Sheets must be completed and submitted electronically.
- Once the plan is submitted, it will be reviewed by all the necessary inspectors; food, building, plumbing, fire. You will receive a Food Plan Review Letter notifying you of approvals, disapprovals and any requests for additional information.
- Once you have satisfied the requirements of the Plan Review you may apply for your trade (building, plumbing, electrical etc) permits.
- When your trade permits are signed off you will need to apply for a Food Permit Application. When your completed Food Permit Application is processed you will be contacted to schedule a pre-opening inspection. Food Permits will be issued upon passing of pre-opening inspections.
- Food Permits are required to be renewed annually and must be submitted to the Inspectional Services Department 30 days prior to the expiration date your permit.
- The food establishment will be subject to routine inspections as outlined in the Retail Grading Program for Food Establishments.

If you have any questions regarding Plan Review for Food Establishments, please do not hesitate to contact me at 781-586-6794 or ltobin@lynnma.gov. Please see the following page for Plan Review fees.

Sincerely,

Lisa Tobin, Sanitarian

New Dining Establishment

\$300.00 up to 100 seats

\$500.00 101 seats or more

New Retail Establishment

\$300.00 up to 10,000 sq ft

\$500.00 10,001 sq ft or more



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PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion		PROJECTED START DATE: _____	
		PROJECTED COMPLETION DATE: _____	
TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Daycare <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Other: _____			
FOOD ESTABLISHMENT INFORMATION			
Name of Establishment: _____			
Establishment Address: _____	City: _____	State: _____	ZIP: _____
OWNERSHIP INFORMATION			
Name of Owner: _____			
Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
APPLICANT INFORMATION (e.g., ARCHITECT / ENGINEER / CONSULTANT)			
Applicant Name: _____		Contact Person: _____	
Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
Email: _____	Phone Number: _____		
FOOD OPERATION INFORMATION			
DAYS/HOURS OF OPERATION <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	SEATING CAPACITY # of Indoor Seats: _____ # of Outdoor Seats: _____ FOOD STORAGE AREAS <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Basement <input type="checkbox"/> Offsite: _____ Square Feet of Facility: _____	TYPE OF SERVICE (CHECK ALL THAT APPLY) <input type="checkbox"/> Catering / Transporting <input type="checkbox"/> Highly Susceptible Population <input type="checkbox"/> Frozen Desserts <input type="checkbox"/> Specialized Processes* <input type="checkbox"/> Other: _____	STAFF Maximum Number of Staff Per Shift <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____ Maximum Number of Meals Per Day <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____
Signature: _____		Date: _____	
Print Name: _____		Title: _____	

OFFICE USE ONLY:

DATE	STATUS	REVIEWER

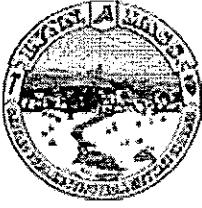


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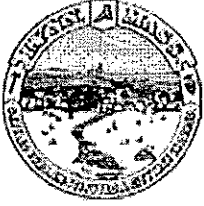
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The following documents must be submitted along with this application:

- Proposed menu or complete list of food, beverages & desserts Retail Establishments include pre-packaged items by category.
- Copies of all required certifications (if applicable). Food Protection Manager, Allergen, Choke- Save
- Floor Plans must be clearly drawn to scale (minimum paper size 11 x 14 inches in size) and include/identify the following items:
 - Food storage, preparation, serving and seating areas, restroom(s), office, employee dressing room(s), dry storage, janitorial and trash areas. Include location of any outside equipment or facilities (dumpsters, well, septic system, etc.).
 - Equipment (including sinks) layout, clearly numbered and cross-keyed with the equipment specifications sheets.
 - Provide plumbing layout showing the sewer lines, cleanouts, floor drains, floor sinks, vents, grease trap or grease interceptor, hot and cold water lines, and direction of flow to sanitary sewer.
 - Exhaust ventilation layout including location of hood and make-up air returns and ducts (if applicable).
 - Lighting plan, indicating the exact foot candles for each area as required by the FDA Food Code (§6-303.11).
 - Finish schedule showing floor, coved base, wall and ceilings for each area shown on the plans.
- Manufacturer's Specifications Sheet(s) for all equipment; floor mounted, counter top and shelving. All equipment must be National Sanitation Foundation (NSF) or Intertek (ETL) certified.
- Written procedures and/or HACCP plans for specialized processes (if applicable)
- Written Procedure for Bodily Fluid Clean up- Vomit and Diarrhea
- Written procedure training employees to report symptoms of illness and reportable illnesses.
- Frozen Dessert machines – provide copy of contract for monthly lab testing.

Note: A color coded flow chart may be requested by the Regulatory Authority demonstrating flow patterns for: food (receiving, storage, preparation, service); dishes (clean, soiled, cleaning, storage); trash (service area, holding, storage, disposal).



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FOOD PREPARATION PROCEDURES

FOOD DELIVERY

- How often will dry foods be delivered? Daily Weekly Other: _____
- How often will refrigerated foods be delivered? Daily Weekly Other: _____
- How often will frozen foods be delivered? Daily Weekly Other: _____

FOOD STORAGE - ALLOCATED SPACE

- Dry Storage: _____ ft³
- Refrigerated Storage: _____ ft³
- Frozen Storage: _____ ft³
- Utensil Storage: _____ ft³

DIRECTIONS: Fill in all applicable sections of this table. Indicate non-applicable sections via "N/A".

PROCESS	APPLICABLE FOODS/ MENU ITEMS	EQUIPMENT USED	MEETS CRITERIA (FOR REGULATORY AUTHORITY USE ONLY)
WASHING Produce FDA Food Code §3-302.15			YES / NO
THAWING FDA Food Code §3-501.13			YES / NO
COOKING FDA Food Code §3-401			YES / NO
COLD HOLDING FDA Food Code §3-501.16			YES / NO
HOT HOLDING FDA Food Code §3-501.16			YES / NO



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COOLING FDA Food Code §3-501.14			YES / NO
REHEATING FDA Food Code §3-403.11			YES / NO
SPECIALIZED PROCESS Dedicated Processing Area FDA Food Code §3-502			YES / NO

Will a working amount of TCS food be held at room temperature prior to cooking or service?

FDA Food Code 3-501.19

Yes If yes, attach written procedure

No

PHYSICAL FACILITIES

DIRECTIONS: Fill in all applicable sections of this table. Indicate non-applicable sections via "N/A".

TOPIC	RELATED QUESTIONS	MEETS CRITERIA (FOR REGULATORY AUTHORITY USE ONLY)
HANDWASHING FACILITIES	# of Handwashing Sinks: _____ HANDWASHING DEVICES (CHECK ALL THAT APPLY) <input type="checkbox"/> Disposable Towels <input type="checkbox"/> Air Hand-Drying Device <input type="checkbox"/> Soap <input type="checkbox"/> Handwashing Signage	YES / NO
WAREWASHING FACILITIES	Type of Sanitizer: _____ Will a Waterproof Thermometer be available? <input type="checkbox"/> Yes <input type="checkbox"/> No Where will soiled dishes be stored? _____ Where will clean dishes air-dry? _____	YES / NO



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	<p>WAREWASHING METHODS (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Mechanical (Hi-Temp) <input type="checkbox"/> Mechanical (Lo-Temp) <input type="checkbox"/> Mechanical (Chemical)</p> <p>If Mechanical (Hi-Temp) is used, what kind of irreversible temperature measuring device will be used? _____</p>	
<p>WATER SUPPLY</p>	<p>WATER SUPPLY</p> <p><input type="checkbox"/> Public <input type="checkbox"/> Private** <i>**If private, please attach a copy of written approval and/or permit</i></p> <p>What is the hot water capacity? _____ What is the hot water recovery rate? _____</p> <p>Sufficient Hot Water? <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide Calculations)</p> <p>ICE</p> <p><input type="checkbox"/> Made On-Site <input type="checkbox"/> Purchased</p> <p>Ice Bagging Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>YES / NO</p>
<p>SEWAGE DISPOSAL</p>	<p>SEWAGE SYSTEM</p> <p><input type="checkbox"/> Public <input type="checkbox"/> Private** <i>**If private, please attach a copy of written approval and/or permit</i></p> <p>Grease Traps/Interceptors Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>YES / NO</p>
<p>BACKFLOW PREVENTION</p>	<p>Will all potable water sources be protected from backflow? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Floor Drains? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>YES / NO</p>



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<p>LINENS</p>	<p>Will linens be laundered on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what will be laundered and where? _____ If No, how and where will linens be cleaned? _____</p> <p>Where will soiled linens be stored? _____ Where will clean linens be stored? _____</p>	<p>YES / NO</p>
<p>CHEMICALS</p>	<p>IN-USE SANITIZER SOTRAGE</p> <p><input type="checkbox"/> Labeled Spray Bottles <input type="checkbox"/> Labeled Buckets</p> <p>Will test strips be available to measure the concentration of sanitizing solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>YES / NO</p>
<p>PEST CONTROL</p>	<p>Will all outside doors be self-closing and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Will screens be provided on all entrances left open to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Will all openable windows have a minimum #16 mesh screening? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Will insect control devices be used? <input type="checkbox"/> Yes <input type="checkbox"/> No Will air curtains be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____</p>	<p>YES / NO</p>
<p>REFUSE, RECYCLABLES, & RETURNABLES</p>	<p>REFUSE REMOVAL</p> <p><input type="checkbox"/> Dumpster <input type="checkbox"/> Compactor</p> <p>Will refuse/garbage be stored inside? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Will there be an area to store recyclables? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Will there be an area to store returnable damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____</p>	<p>YES / NO</p>



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FINISH SCHEDULE

DIRECTIONS: Fill in all applicable sections of this table by indicating which materials will be used in the construction of establishment areas. Indicate non-applicable sections via "N/A".

ROOM / AREA	FLOOR	FLOOR/WALL JUNCTURE (coving)	WALLS	CEILING	MEETS CRITERIA (FOR REGULATORY AUTHORITY USE ONLY)
FOOD PREPARATION					YES / NO
DRY FOOD STORAGE					YES / NO
WAREWASHING					YES / NO
WALK-IN REFRIGERATOR(S)					YES / NO
WALK-IN FREEZER(S)					YES / NO
MOP SINK					YES / NO
REFUSE					YES / NO
TOILET					YES / NO
OTHER: _____					YES / NO



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DIRECTIONS: Fill in this section of the table by indicating which materials will be used in the construction of countertops, cabinets, and shelving (if applicable).

COUNTERTOPS, CABINETS, & SHELVING		YES / NO
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Approval of these plans and specifications by the Health Office does not constitute endorsement of acceptance of the completed establishment (structure or equipment). A pre-operational inspection of the establishment with equipment in place and operational will be necessary to determine if the establishment complies with the local and state laws governing food establishments.

Approval of these plans and specifications by the Health Office does not indicate compliance with any other federal, state, or local code, law or regulation that may be required.



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Food Establishment Pre-Operational Inspection

Use this checklist to help prepare - some items may not apply to your establishment

- No food is to be on site during the pre-operational inspection, unless authorized by the Health Office prior to scheduling the inspection.
- All refrigeration, hot holding and dishwashing equipment is to be turned on in advance of the inspection.
- The Certified Food Protection Manager is to be on-site during the pre-operational inspection.

Certificates / Relevant Postings when required:

- Food Protection Certificate is posted in view of the public. *(if applicable)*
- Allergen Certification posted adjacent to Food Protection Certification. *(if applicable)*
- State approved Allergen Poster provided in employee area. *(if applicable)*
- Allergen statement included on menu and/or menu board. *(if applicable)*
- Consumer Advisory included menu(s) and/or menu board. *(if applicable)*
- Choke Safe Certificate(s) if more than 25 seats (including outdoor seats). Posting not required *(if applicable)*
- Employee reporting of illness procedure available. Documented training available.
- Public notice – Most Recent Inspection Report available for review.

Equipment:

- Calibrated food thermometer available
- Labeled sanitizing buckets for work stations. *(if applicable)*
- Sanitizing test strips for corresponding sanitizing solution(s) in use. *(if applicable)*
- Bodily fluids procedure and kit available
- Tools available for cooling foods *(if applicable)*
- Gloves or other approved method to prevent bare hand contact *(if applicable)*

Refrigeration / Hot Holding Units:

- Secondary food thermometers located in all refrigeration and hot holding units.
- All refrigeration units are turned on and maintaining an ambient temperature below 41°F.
- All hot holding units are turned on and maintaining an ambient temperature above 135°F.

Mechanical Warewashing Machine:

- Dish machine filled. PIC knowledgeable of method to verify temperature or ppm.
- Wash and rinse temperature in compliance with the food code.

Hand sink: (all hand sinks including rest rooms)

- Soap dispenser filled and located at hand sink. *If used...hand sanitizer is located at hand sink.*
- Paper towel dispenser filled and located over hand sink or area that does not create cross contamination with dripping hands.
- "Instructional Hand Sink" signage visibly posted at hand sink.
- Hot water is 100°F or above.
- Trash receptacle at hand sink.
- PIC able to explain hand sink restriction and when to wash hands.

Restrooms (Public and Employee):

- Self-closing doors.
- Women / Unisex restroom trash receptacles are covered.

Surfaces Characteristics:

- All surfaces are clean.
- All surfaces are finished.