



Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Health Department

Amy Donovan-Palmer, MPH, RS, Health Agent

Retail Food Establishment Renewal Package

To renew your permit, please submit the following documents and payment to the Health Department. Please note that ALL of these documents must be submitted each year for the filing to be complete. Incomplete filings will be returned and no permit will be issued.

1. Food Establishment Permit Application (Attached)
2. Tax Certification Form (Attached)
3. Workers' Compensation Insurance Affidavit: General Business. (Attached)
4. Workers' Compensation policy declaration page.

The Health Department is communicating with permit holders mainly through email. Please be sure to include a valid email address for all positions.

There are several new requirements based on the MA DPH adoption of the 2013 FDA Food Code. The following documents must be on site during inspections.

1. Vomit and Diarrhea Clean up Procedure (example attached)
2. Pest Control contract and/or receipts from routine inspections of the premise

The Plastics Waste Reduction bylaw is now fully in effect. According to this by-law, no retail establishment shall provide thin-film, single-use plastic check-out bags. Check-out bags can only be a 100% recyclable paper bag containing at least 40% post-consumer recycled content or a reusable check-out bag.

Please contact the Health Department if I can be of any further assistance.

Sincerely,

Amy Donovan-Palmer, MPH, RS
Health Agent

Food Establishments	Fee
Caterer	\$35
Milk & Cream	\$10
Pushcart	\$50
Manufacture Frozen Desserts/Ice Cream per freezer	\$25
Mobile Food	\$100
Residential Kitchen	\$100
Retail Snack Food, no PHF	\$50
Retail Food	\$125
HACCP review and approval	\$100
Restaurants Seating up to 100	\$175
Restaurants Seating 101-200	\$250
Restaurants Seating 201+	\$300
Supermarket	\$400
Farmer's Market	\$25
Temporary (per day)	\$50
3 grease interceptors/traps or less and/or 1 yellow grease collection container	\$50
Each grease interceptor/trap over 3	\$50 (\$200 max)
Any establishment that generates FOG and does not have FOG containment	\$50
Critical Violation re-inspection fee	\$100
Plan review	\$100
Tobacco and Nicotine Delivery Products	\$150

FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening date)

Establishment Name

Establishment Address

Establishment Mailing Address (if different)

Establishment Telephone No

Applicant Name & Title:

Applicant Address

Applicant Telephone No.:

24 Hour Emergency No.:

Applicant Email

Owner Name & Title (If different from applicant)

Owner Address

Owner telephone number

Owner email:

Establishment Owned By:

An Association

A Corporation

An Individual

A Partnership

Other legal Entity

If a corporation or partnership, give name, title, and home address of officers or partner.

Name

Title

Address

Person Directly Responsible For Daily Operations (owner, person in charge, supervisor, manager etc.)

Name & Title:

Address:

Telephone No:

24 Hour Emergency No:

FAX:

E-mail:

Alt E-Mail:

District Or Regional Supervisor (if applicable)

Name & Title:

Address:

Telephone No:

24 Hour Emergency No:

FAX:

E-mail:

Food Establishment Information

WATER SOURCE: DEP Public Water Supply No: (If applicable)	SEWAGE DISPOSAL: No. of Food Employees:																								
DAYS/HOURS:																									
Name of Person(s) In Charge Certified in Food Protection Management:																									
Name of Person(s) In Charge Certified in Allergen Awareness Training																									
Name of pest control company routinely inspecting the premises for evidence of pests _____																									
If there is seating for 25 people or more, a person trained in manual choke saving procedures will be onsite at all times food is being prepared. <input type="checkbox"/> Yes																									
Does this establishment require a FOG permit? _____ If yes, please attach the FOG permit application.																									
Length of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Temporary Temporary Start Date: Temporary End Date: Temporary Time: Rain Date:	Establishment Type: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Retail Food \$125.00</td> <td style="width: 33%;"><input type="checkbox"/> Mobile Food Consession NO PHF PREPARED ON SITE \$100.00</td> </tr> <tr> <td><input type="checkbox"/> Food Service up to 100 INCLUDING FOOD TRUCKS \$175.00</td> <td><input type="checkbox"/> Manufacture Frozen Desserts/Ice Cream \$25.00/freezer</td> </tr> <tr> <td><input type="checkbox"/> Food Service up to 101 -200 \$250.00</td> <td><input type="checkbox"/> Pushcart \$50.00 # of Pushcarts:</td> </tr> <tr> <td><input type="checkbox"/> Food Service up to 201 + \$300.00</td> <td><input type="checkbox"/> Residential Kitchen \$100.00</td> </tr> <tr> <td><input type="checkbox"/> Supermarkets \$400</td> <td><input type="checkbox"/> Caterer \$35.00</td> </tr> <tr> <td><input type="checkbox"/> Milk & Cream \$10.00</td> <td></td> </tr> </table>	<input type="checkbox"/> Retail Food \$125.00	<input type="checkbox"/> Mobile Food Consession NO PHF PREPARED ON SITE \$100.00	<input type="checkbox"/> Food Service up to 100 INCLUDING FOOD TRUCKS \$175.00	<input type="checkbox"/> Manufacture Frozen Desserts/Ice Cream \$25.00/freezer	<input type="checkbox"/> Food Service up to 101 -200 \$250.00	<input type="checkbox"/> Pushcart \$50.00 # of Pushcarts:	<input type="checkbox"/> Food Service up to 201 + \$300.00	<input type="checkbox"/> Residential Kitchen \$100.00	<input type="checkbox"/> Supermarkets \$400	<input type="checkbox"/> Caterer \$35.00	<input type="checkbox"/> Milk & Cream \$10.00													
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Food Operations: <i>Definitions: PHF - Potentially hazardous food (time/temperature controls required)</i> (Check all that apply): <i>Non-PHF's - non-potentially hazardous food(no time/temperature controls required)</i> <i>RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>																									
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I, the undersigned, attest to the accuracy of the information provided in this application and affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

Signature of Applicant: _____

Pursuant to MGL Ch.62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal ID:

Signature of Individual or Corporate Name: _____

TAX CERTIFICATION FORM

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

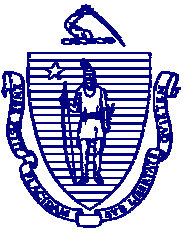
Signature of Individual or Corporate Name

By: Corporate Officer (*Mandatory, if Applicable*)

***Social Security No. (Voluntary) or Federal
Identification Number*

***This license will not be issued unless this certification clause is signed by the applicant.**

**** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency **will be subject to license suspension or revocation.** This request is made under the authority of Massachusetts General Law Chapter 62C, section 49A.**



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

Vomit and Diarrhea Clean-Up Procedure

WHY DO WE HAVE THIS PROCEDURE?

Vomiting and diarrhea can be symptoms of several very contagious diseases and it is the responsibility of food service management to protect both employees and customers from transmission of these diseases. The most important ways of accomplishing this task are:

- 1) ensure that employees understand the importance of frequent handwashing and that they know where and how to wash their hands;
- 2) ensure that employees understand their responsibility to report all disease symptoms, such as vomiting, diarrhea, jaundice, fever and sore throat; diagnosis of diseases; and exposure to others who are sick to the Person in Charge;
- 3) ensure that employees are trained and do not handle food that is ready to eat with their bare hands;
- 4) ensure that employees understand the importance of following all regular cleaning and sanitizing procedures on a daily basis and special cleaning and sanitizing procedures such as this one.

New employees will be trained in all of the above-mentioned procedures within the first week of hiring. Reminder trainings will be done for all food service staff on an **ANNUAL** basis.

VOMIT/DIARRHEA CLEAN-UP KIT

A vomit/diarrhea clean-up kit is stored in a labeled bin in Contents of Clean-up Kit:

- 1) Personal Protective Equipment (PPE)
 - disposable gloves, nitrile or non-latex
 - face and eye shields (clean and sanitize after use)
 - disposable shoe covers
 - disposable aprons
 - masks
 - hair covers
- 2) Paper towels
- 3) Absorbent material: baking soda, Red Z powder, or kitty litter
- 4) Scoop or scraper, preferably disposable
- 5) Large plastic bags with twist ties
- 6) Caution tape for closing off areas

Buckets, wiping cloths, detergent and sanitizers will also be needed and are available in various locations throughout the food service area. The Person-in-Charge is responsible for refilling the clean-up kit after use. Extra supplies will be on hand. All supplies will be purchased or ordered at the time of the incident so that the kit is ready for use as soon as possible after the incident.

WHEN A VOMITING OR DIARRHEA INCIDENT OCCURS

- 1) Remove the following from the area if no contact with vomit or diarrhea:
 - a) employees and/or customers
 - b) packaged food or food in closed containers
 - c) portable equipment, linens and open single-use and single-service articles.

For diarrhea, the immediate area that is visibly soiled should be the area of clean-up concentration. For vomiting, since particles can be in the air, an area of 25 feet in all directions should be considered the clean-up area. This is very important when considering which employees or customers need to be removed; the food; and open single-use and single-service articles that need to be discarded; the linens that will need to be washed; and the equipment that will need to be cleaned and sanitized.

- 2) If vomiting occurred, completely close off area around the spill for 25 feet in all directions. Use caution tape from the Clean-up Kit.

Some small food service establishments will have to close during the clean-up of a vomiting incident either by an employee or a customer. In the case of closure, the Regulatory Authority should be called immediately to report the incident. A sign can be put at the entrance stating that the food service establishment will be closed until a time judged to be sufficient to accomplish the required clean-up.

a) _____, due to its small size, will close after a vomiting incident until clean-up is finished.

b) _____, will determine what areas will need to be cleaned and sanitized, but will remain open with limited service, unless the incident occurs in the only food prep area.

- 3) A trained employee should put on Personal Protective Equipment, gloves last.

All employees are trained in this clean-up procedure. If staffing allows, cooks should not be the first choice for carrying out the clean-up.

- 4) Sprinkle _____ on vomit/fecal matter to soak up liquid. Using the scraper or scoop from the Clean-up Kit, and paper towels, carefully wipe up vomit/fecal matter and discard in a plastic trash bag. Then remove and discard gloves.

If staffing allows, a separate employee, wearing gloves and a mask, can hold the trash bag open by folding the top back over their hands so that the top of the bag is not contaminated in the process of discarding the paper towels, gloves, etc.

- 5) Wash hands and put on new disposable gloves and wash the area involved with detergent and warm water.

All surfaces within the incident area, plus all doorknobs, railings, wall corners or other places that you know are frequently touched should then be washed with soap and water. All restrooms should be cleaned also, even if they were not known to be affected by the incident. They are often used by employees and customers when they are not feeling well and the infectious germs will be there even if they cannot be seen.

All areas washed as described above will then be sanitized.

- 6) Sanitize hard or porous surfaces with chlorine bleach solution allowing the area to remain wet for no less than 5 minutes; follow policy directions for other surfaces or when using other sanitizers.

Bleach concentrations:

5.25% Sodium Hypochlorite or 6% dish machine sanitizer	1 2/3 cup bleach per gallon of water (1 part bleach to 10 parts water)	5000 PPM
8.25% concentrated Sodium Hypochlorite	1 cup bleach per gallon of water (1 part bleach to 16 parts water)	5000 PPM

Sanitizer to be used in this establishment will be _____
and will be left wet on hard surfaces for _____ minutes before drying with papers
towels.

Ammonium chloride sanitizers are ineffective against Norovirus so if those are the standard sanitizers used in a food service establishment, then chlorine bleach (or some other commercial product approved by the EPA to kill Norovirus) must be kept on hand for use during a vomit/diarrhea incident.

Bleach is available in several different concentrations so food service establishments need to be aware of the concentration they have available. Once opened, a bottle of bleach maintains its strength for 30 days so **PUT THE DATE ON THE BOTTLE WHEN YOU OPEN IT**. Discard it after 30 days.

Remember that bleach will discolor many items such as carpets, flooring, etc. Test a small area if there is any reason to believe that there will be a problem. Steam cleaning of carpets and upholstery is recommended once the vomit/diarrhea has been removed. Linens should be washed in hot water and dried in a hot dryer.

Open windows or increase ventilation as much as possible during the clean-up.

Make sure that all high-touch areas and restrooms are sanitized before areas are re-opened.

- 7) When totally finished cleaning up, dispose of all paper towels and PPE in the plastic bag. Tie the bag closed and double bag it before putting it in your regular trash.
- 8) Rinse food contact surfaces with clean water to remove chlorine residue left on the surface because you used 5000 PPM to kill the infectious agents and re-sanitize with your usual 100 ppm sanitizer.

RE-OPENING ESTABLISHMENT OR CLEANED AREAS

When the above-described clean-up procedure has been completed, the areas may be re-opened. Establishments that closed for clean-up should call the Regulatory Authority and report that they are ready to re-open. The Regulatory Authority may, or may not, want to actually visit the establishment prior to re-opening.

Establishments should anticipate that some customers may request some kind of compensation. Management should discuss that with employees as part of the training on this procedure. The decision concerning compensation is entirely up to the establishment management.

MONITORING EMPLOYEES FOR ILLNESS

After incidents involving diarrhea and particularly vomiting, all employees, but particularly those involved in the clean-up, will be monitored for signs of illness for several days. The Person-in-Charge will remind employees to report symptoms of any illness.

INCIDENT REPORT

It is advisable for the Person-in-Charge to complete an incident report describing the date and time of the incident; which employees were in charge of the clean-up; an overall description of the area of the incident; how it was cleaned and sanitized; and the other areas of the establishment cleaned and sanitized. It should also state what food was discarded. This report should be kept in the establishment files in case there are any future questions about the incident.

REFERENCES:

"Clean-up and Disinfection for Norovirus ("Stomach Bug") Poster from disinfect-for-health.org.

Food Code, U.S. Public Health Service, FDA, 2013, Annex 3, Public Health Reasons/Administrative Guidelines, pages 395-397.

"Food Safety Sample SOP," NFSMI and USDA, Revised 2013.

"Guidelines for Responding to Vomiting and Diarrhea in Food Establishments," Rhode Island Department of Health, Yankee Conference Presentation by Cathy Feeney and Lydia Brown, September 22, 2016.

"Norovirus Information Guide," from SafeMark Best Practices, the Food Marketing Institute and Ecolab, July 2010.

"White Paper: Guidelines for Response to Vomiting and Diarrheal Incidents in Food Service Establishments," prepared by Paula Herald, PH.D., CP-FS, Technical Consultant, The Steritech Group, Inc., www.steritech.com.

Updated January 27, 2017