



CITY OF NEWBURYPORT

HEALTH DEPARTMENT

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MOBILE FOOD KITCHEN PLAN REVIEW (105 CMR 590.011)

NAME OF ESTABLISHMENT _____ LOCATION _____

BASE OF OPERATION _____
(ADDRESS)

BUSINESS OWNER _____ HOME ADDRESS _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

NEW ☐ REMODELED ☐

BREAKFAST ☐ LUNCH ☐ DINNER ☐ EST. MEALS ☐ DAYS AND HOURS OF OPERATION _____

CONSTRUCTION START DATE _____ BUSINESS OPENING DATE _____

PERMIT ISSUES

STATE SANITARY CODE (105 CMR 590.) PROVIDED YES ☐ NO ☐ PENDING ☐

CERTIFIED FOOD MANAGER REQUIRED (590.003 B) YES ☐ NO ☐

ZONING/OCCUPANCY APPROVAL (BUILDING DEPT) YES ☐ NO ☐ N/A ☐

FIRE DEPT. APPROVAL YES ☐ NO ☐ N/A ☐

HAWKERS & PEDDLERS LICENSE YES ☐ NO ☐ N/A ☐

PUBLIC WORKS APPROVAL YES ☐ NO ☐ N/A ☐

DIVISION OF MARINE FISHERIES APPROVAL YES ☐ NO ☐ N/A ☐

MENU PROVIDED FC 8-201.12 YES ☐ NO ☐ N/A ☐

CONSUMER ADVISORIES DEVELOPED FC 3-603.11 YES ☐ NO ☐ N/A ☐

(FOR RAW AND UNDERCOOKED FOOD)

COOK & SERVE ☐ COOK & HOT HOLD ☐ COOK, HOT HOLD, COOL, REHEAT ☐ N/A ☐

PHYSICAL FACILITIES

NAME ADDRESS, PHONE # ON MOBILE UNIT (MIN. 3" LETTERING) YES ☐ NO ☐

WINDOWS & DOORS SCREENED FC 6-202.15 YES ☐ NO ☐ N/A ☐

SNEEZE GUARDS & OVERHEAD PROTECTION PROVIDED YES ☐ NO ☐ N/A ☐

TYPE OF FINISH FLOOR MATERIAL FOOD PREP AREA FC 6-201.11 QUARRY TILE ☐ CERAMIC TILE ☐ QVCT TILE ☐ OTHER ☐

TYPE OF FINISH WALL MATERIAL FOOD PREP AREA FC 6-201.11 STAINLESS STEEL ☐ CERAMIC TILE ☐ FRP TILE ☐ SHEETROCK ☐

TYPE OF FINISH CEILING MATERIAL FOOD PREP. AREA FC 6-201 SHEETROCK ☐ VINYL FACED ☐ FRP ☐ METAL ☐

LIGHT FIXTURES SHIELDED FOOD PREP. AREA FC 6-202.11 YES ☐ NO ☐ N/A ☐

EMPLOYEE TOILET FACILITIES PROVIDED FC 5-203.11 YES ☐ NO ☐ LOCATION _____

EXHAUST AND VENT SYSTEM APPROVED FC 6-304.11 & (FIRE DEPT) YES ☐ NO ☐ N/A ☐

PLUMBING, HAND, WAREWASH AND WATER FACILITIES

SEPARATE HAND WASH SINK PROVIDED FC 5-203.11 YES ☐ NO ☐ N/A ☐

COMBINATION FAUCET/MIXING VALVE (MIN 110°) YES ☐ NO ☐

SIZE OF HOLDING TANK FOR POTABLE WATER _____

TANK MADE OF SAFE/FOOD GRADE MATERIALS YES ☐ NO ☐

SIZE OF WASTE HOLDING TANK _____ YES ☐ NO ☐ N/A ☐

DRAIN PROVIDED FOR WASTE TANK YES ☐ NO ☐

FOOD PREP SINK PROVIDED FC **3-302.15** YES ☐ NO ☐ N/A ☐

POT SINK PROVIDED WITH DRAIN BOARDS FC 4-301.12 YES ☐ NO ☐ N/A ☐

(THREE (3) COMPARTMENTS REQUIRED)

KITCHEN FACILITIES / EQUIPMENT

NATIONAL SANITATION FOUNDATION APPROVED FC4-205.10 & FC 201 YES ☐ NO ☐

INSULATED CONTAINERS PROVIDED YES ☐ NO ☐ N/A ☐

(MECHANICAL REFRIGERATOR REQUIRED BY JULY 1, 2005 FOR RTE FOODS)

REFRIGERATOR UNIT PROVIDED

VOLUME REQUIRED = # OF MEALS X .085 FC4-301.11 N/A ☐

TOTAL (FT³) **(HOW MANY)**

41° F FOR NEW EQUIPMENT FC 30501.16 YES ☐ NO ☐ N/A ☐

FREEZER UNIT PROVIDED N/A ☐

TOTAL (FT³) (HOW MANY)

TYPE OF COOKING EQUIPMENT PROVIDED FC 4-301.11

STOVE _____ CONVECTION OVEN _____

GRILL

MICROWAVE OVEN

FRYER _____ **PIZZA OVEN** _____

BROILER

ROTISSERIE

RICE COOKER

OTHER

STEAM TABLE(S) PROVIDED FC 4-301.11 YES ☐ NO ☐ HOW MANY N/A ☐ # HOT FOODS

OTHER HOT HOLDING EQUIPMENT PROVIDED

(TYPE) (HOW MANY)

STATEMENT: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT IF ANY CHANGES ARE MADE TO THE PLANS OR THE ABOVE INFORMATION WITHOUT PERMISSION FROM THE DIVISION OF HEALTH INSPECTIONS MAY NULLIFY THIS APPROVAL.

SIGNATURE: _____

TITLE: _____

FOOD ESTABLISHMENT PLAN REVIEW

PRELIMINARY REVIEW BY _____ **DATE** _____

TITLE

PRELIMINARY REVIEW BY _____ DATE _____

TITLE