

City of Newton
Corrective Action Policy: Food Safety Health
Inspections

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On-site Corrective Action

The City of Newton requires the Environmental Health Specialists that conduct the food safety inspections to make corrective actions for foodborne illness risk factors observed to be out of compliance. Depending on the severity of the violation that is noted, different corrective actions will be required.

Time Frame for Corrective Action: Priority and Priority Foundation Items

Newton follows the 2009 FDA Food Code provision 8-405.11 for timely correction of Priority and Priority Foundation items. A food establishment must correct priority and priority foundation items, HACCP plan provisions (not in compliance with critical limits) at the time of inspection and implement corrective actions.

The regulatory authority can agree to extend the corrective action depending on the nature of the hazard and complexity of the corrective action. The extension is not to exceed 10 calendar days after the inspection.

Priority Violations: Priority violations, described in the 2009 FDA Food Code as a provision in the Code whose application contributes directly to the elimination, prevention, or reduction to an acceptable level, hazards associated with foodborne illness or injury and there is no other provision that more directly controls the hazard. Priority violations require immediate corrective action. The Environmental Health Specialists performing the inspection will enforce the immediate corrective action, whether that means shutting down a piece of faulty equipment, a certain process being performed incorrectly, removing expired or improperly received food, etc...

Priority Foundation Violations: Priority foundation violations, described in the 2009 FDA Food Code as “including an item that requires the purposeful incorporation of specific actions, equipment, or procedures by industry management to attain control of risk factors that contribute to foodborne illness or injury such as personnel training, infrastructure or necessary equipment, HACCP plans, documentation or record keeping, and labeling. The Environmental Health Specialists will determine whether priority foundation violations need immediate corrective action.

Core Violations: Core violations are described in the 2009 FDA Food Code as an item that usually relates to general sanitation, operational controls, sanitation standard operating procedures (SSOP's), facilities or structures, equipment design, or general maintenance. The Environmental Health Specialists will determine whether Core violations need immediate corrective action.

Newton follows the 2009 FDA Food Code 8-406.11 when proceeding with correcting Core violations. The regulatory authority can enforce the food establishment to correct Core items by the agreed timeline but no later than 90 calendar days after the inspection. The timeframe can extend beyond 90 days if a written schedule of compliance is submitted by the permit holder and no health hazard exists or will result from extending the re-inspection.

Resumption of Operations

Newton refers to the 2009 FDA Food Code 8-404.12 and 8-404.11. Food establishments will discontinue operations and notify the regulatory authority if an imminent health hazard exists due to an emergency such as: fire, flood, extended interruption of utilities, sewage backup, misuse of poisonous/toxic material, onset of foodborne illness outbreak, gross unsanitary conditions, or any other public health dangers. If the violation occurs in an unaffected area of the food establishment, they need not cease operations but need approval of the regulatory authority before resuming operations.

Conditions Warranting Action

Newton follows the 2009 FDA Food Code 8-904.10 for conditions warranting action. The regulatory authority can suspend a permit if an imminent health hazard exists.

Risk Control Plan

Long Term Control of Risk Factors

Newton provides a Risk Control Plan form (Appendix A) to the food establishments. The Risk Control Plan will be given to food establishments that are marked for Priority violations as the inspector sees fit. Some violations that

will require a risk control plan are: temperature control issues, cross-contamination, cooling, reheating, handwashing, and other processes.

The City of Newton takes a two-pronged approach at long term control of risk factors contributing to foodborne illness. The environmental health inspectors reach out to the restaurant community in an effort to work together with them on food safety. This partnership is essential to encourage good food safety techniques and result in reduced risk factors in Newton restaurants. The inspectors also have a responsibility to enforce the Food Code and require risk control plans in food establishments with special processes (HACCP).

Hearings

In order to maintain long term control of risk factors, Newton requires hearings for certain circumstances including acquiring a certain number of violations at a given inspection (earning a 'Fail' grade, or 'Fair' grade with a poor inspection history). Newton enforces the 2009 FDA Food Code 8-905.10-Response to Notice of Hearing or Request for Hearing, Basis and Time Frame.

Newton's internal policies and procedures for hearings are the following:

Restaurants receiving the following grades:

"Failing" (179 and below)- A food establishment that receives a Failing grade will be immediately closed and will be their responsibility to request a hearing. The food establishment will not be allowed to open unless they have a hearing. The hearing will determine whether the food establishment is allowed to open. If it is allowed to open, the food establishment will be required to work with a consultant.

"Unacceptable" (180-209)- A hearing may be required for food establishments that receive an Unacceptable grade. Inspectors will look at the food establishment's prior history to determine whether a hearing is necessary. If a food establishment has had 2 or more prior inspections that resulted in 3 or more Priority violations, or have been closed because of an imminent health hazard, the food establishment will require a hearing. The hearing will determine whether or not the Commissioner will order the food establishment to work with a consultant. If the food establishment's history indicates that prior inspections were 2 or less Priority violations, they will not require a hearing.

Administrative Hearing

- A) A person who receives a notice of hearing for an administrative remedy as specified in Part 8-8 (8-901.10 or 8-905.30A) and elects to respond to the notice shall file a response to notice as specified in 8-905.20 within 7 calendar days after service.
- B) A permit applicant may request a hearing regarding the disposition of an application for a new or revised permit if the regulatory authority does not issue or deny the permit within the time frame specified in law.
- C) A permit holder may request a hearing to address concerns about the regulatory authority's denial of application for a permit of request for a variance or compliance actions, except that a hearing request does not say the regulatory authority's restriction or exclusion of employees specified in 8-501.10-8-501.40, a hold order specified in 8-903.10, or the imposition of a summary suspension specified in 8-904.10
- D) A person desiring a hearing in response to a denial of application for permit or an adverse administrative determination shall submit a hearing request to the regulatory authority within 10 calendar days of the date of the denial, inspection or compliance action, unless the regulatory authority specifies in certain situations that the request shall be submitted within a shorter period of time.

Newton also refers to 8-303.30 for the Denial of Application for Permit, Notice

- A) The specific reasons and Code citations for the permit denial
- B) The actions, if any that the applicant must take to qualify for a permit and
- C) Advisement of the applicant's right of appeal and the process and time frames for appeal that are provided in law

Requested Hearings

Newton follows the FDA 2009 Food Code for Conditions Warranting Remedy or 8-901.10. The regulatory authority may seek an administrative or judicial remedy to achieve compliance with the provisions of the 2009 FDA Food Code if a person operating a food establishment or an employee:

- A) Fails to have a valid permit to operate a food establishment as specified under 8-301.11
- B) Violated any term of condition of a permit as specified under 8-304.11- the permit must be posted, the food establishment must comply with the 2009 FDA Food Code including granted variances and approved plans
- C) Allows serious or repeated code violations to remain uncorrected beyond time frames for correction approved, directed or ordered by the regulatory authority under 8-405.11(A) (operations must be discontinued and regulatory authority must be notified if an imminent health hazard may exist because of an emergency such as a fire, flood extended interruption of utilities, sewage backup, misuse of poisonous materials, onset of foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstance that may endanger public health) and (B) and 8-406.11(A) (food establishment must correct core items by a certain time identified by the regulatory authority or by 90 days and (B) (the regulatory authority may approve compliance schedule that extends beyond the time limits specified in 8-406.11A if a written schedule of compliance is submitted by the permit holder and no health hazard exists or will result from allowing an extended schedule for compliance.
- D) Fails to comply with a hold order as specified in 8-903.10- Regulatory authority may place a hold order on food from an unapproved source, unsafe, adulterated or not honestly presented, is not labeled according to law, is otherwise not in compliance with the 2009 Code. The regulatory authority may remove this food and order to a place of safekeeping.
- E) Fails to comply with an order issued as a result of a hearing for an administrative remedy as specified in 8-801.20 (Restriction or exclusion order, hold order or summary suspension- An employee restriction or exclusion order, an order to hold and not distribute food, such as hold, detention, embargo, or seizure order which is referred to as a hold order or a summary extension order shall be served as specified in the Code – 8-801.10A or clearly posted by the regulatory authority at a public entrance to the food establishment and a copy of the notice sent by first class mail to the permit holder or the owner or custodian of the food establishment as appropriate and 8-904.10 (The regulatory authority may suspend a person’s permit as specified by the code by providing written notice (8-801.20) of the

summary suspension to the permit holder or person in charge without prior warning, notice of a hearing, or a hearing.

- F) Fails to comply with an order issued as a result of a hearing for an administrative remedy as specified in 8-906.40 (powers of the hearing official) or
- G) Fails to comply with a summary suspension order issued by the regulatory authority as specified in 8-801.20 (holding/food embargoes) and 8-904.10 (suspending a permit because an imminent health hazard exists)

Community Outreach

In order to address long-term control of foodborne illness risk factors, in addition to the risk control plan, the City has reached out to the food establishment community and created a training program to educate the owners, managers, and employees of the Newton food establishments. The health inspectors have a monthly training for this group to accommodate frequent restaurant turnover. The training focuses mainly on priority and priority foundation violations. In educating the restaurant community, the environmental health inspectors hope to reduce risk factors that contribute to foodborne illness.

As per guidelines of the 2009 FDA Food Code, regardless of the severity of the violation, the Environmental Health Specialists will make the decision whether or not the food establishment needs to immediately correct the problem. All violations are recorded in the electronic inspection form and provided to the food establishment for their review. The electronic inspection form contains an area where the Environmental Health Specialist can write a corrective action to ameliorate the priority, priority foundation, or core violation in question. The City focuses on the HACCP principles during inspections.

Corrective Action

- Destruction of foods that have been subjected to extreme temperature abuse (taken from the Emergency :

Time (Hours)	42°-45°F	46°-50°F	51°F or above
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0-2	TCS Foods can be used	Immediately cool TCS to 41°F or below within 2 hours	Dispose TCS foods
2-3	TCS can be sold but must be cooled to 41°F or below within 2 hours	Immediately cool TCS food to 41°F or below within 1 hour	Dispose of TCS foods
4	Immediately cool TCS foods to 41°F or below within 1 hour	Dispose TCS foods	Dispose of TCS foods
5+	Dispose TCS foods	Dispose of TCS foods	Dispose of TCS foods

- Embargo or destruction of foods from unapproved sources: Newton has a procedure for dealing with embargoed foods outlined in the Foodborne Illness Standard Operating Procedures, page 5 and Appendix G. The standard operating procedures will be attached as their own Appendix B. The corrective action that must be taken in order to address the violation that the inspectors find is outlined below:

- **590.016: Examination and Embargo of Food**

- (A) Examination and Sampling. Food may be examined or sampled by the board of health pursuant to
 - M.G.L. c. 94, §§ 146 and 189 for the purpose of determining compliance with 105 CMR 590.000.
- (B) Embargo Notice. The board of health may place an embargo on any food, which it knows, or has
 - probable cause to believe is adulterated or misbranded provided that:
 - (1) A written notice is issued to the holder of the permit to operate the food establishment or to the person in charge; and
 - (2) The notice specifies in detail the reason(s) for the embargo order.
- (C) Embargo Tag. The board of health shall tag, label, or otherwise identify any food subject to the embargo
 - order. The tag or label shall state that the food:
 - (1) Is believed to be adulterated or misbranded;
 - (2) Has been embargoed for ten days; and
 - (3) Cannot be removed, used, sold or disposed of without permission of the board of health.
- (D) Storage or Destruction of Embargoed Food. The board of health shall permit storage of food under
 - conditions specified in the embargo order, unless storage is not possible without risk to the public health, in

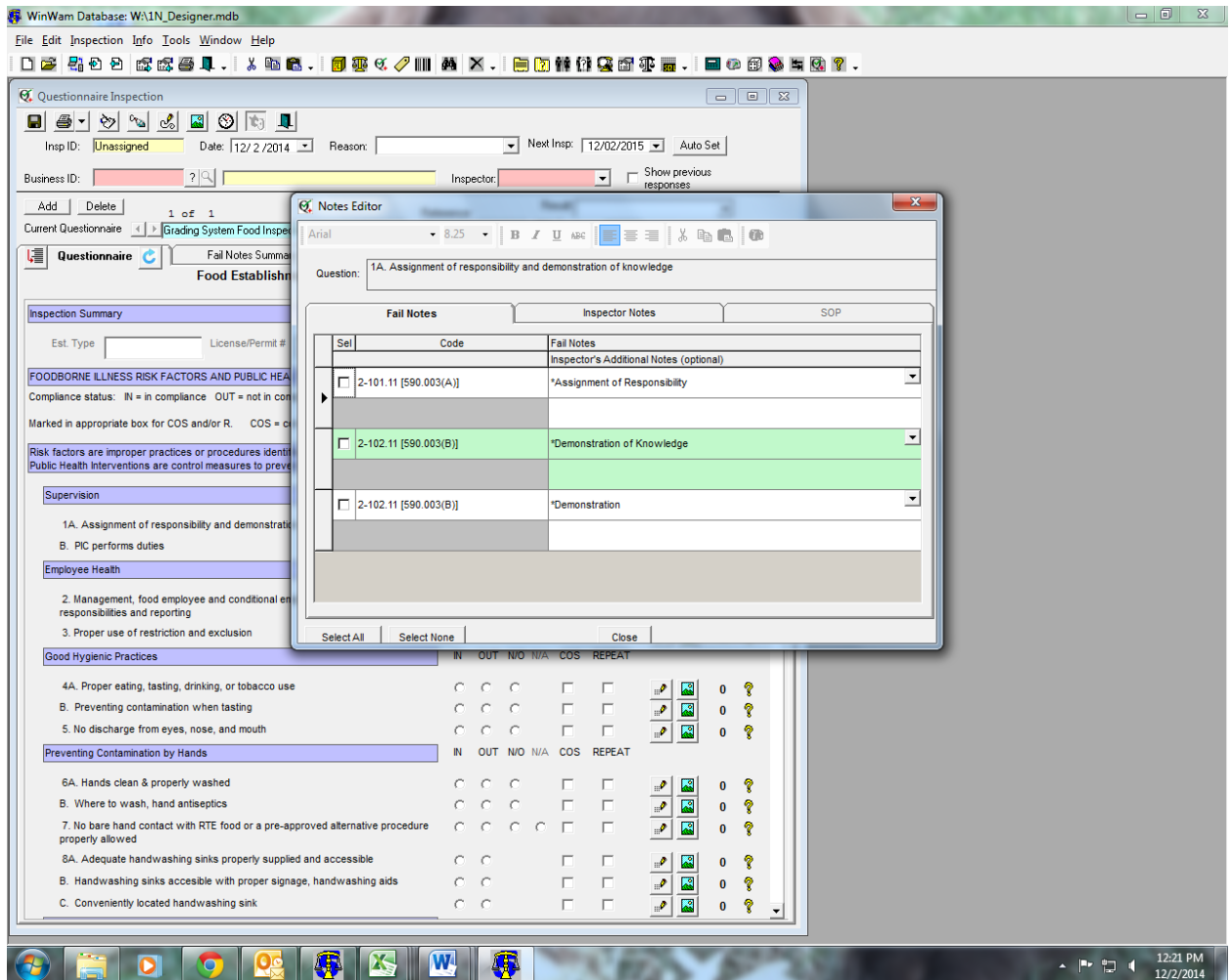
- which case immediate destruction shall be ordered and accomplished.
- (E) Condemnation, Disposal or Reconditioning. If the food subject to embargo is found to be adulterated or misbranded, the board of health shall take such steps as are necessary, pursuant to M.G.L. c. 94, §§ 146 or 189A, to effect the condemnation and disposal or reconditioning of the food.
- (F) Embargo Release. If the food subject to embargo is not found to be adulterated or misbranded it shall be released.

Newton also has an Embargo Notice Form to go with these standard procedures (Appendix G&H of Foodborne Illness SOP's)

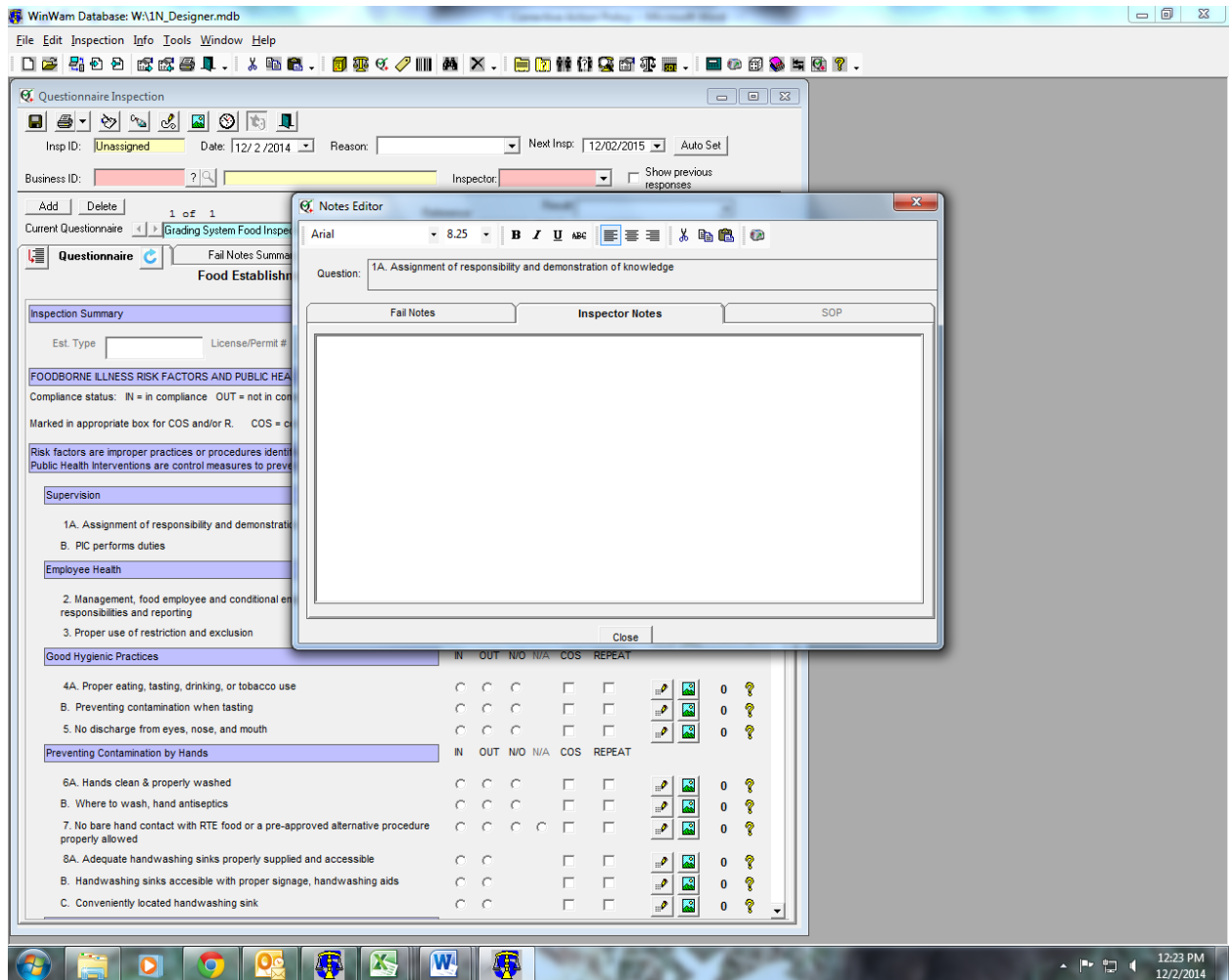
- Accelerated cooling of foods when cooling time limits can still be met:
 - Place foods in shallow pans (four inches or less)
 - Separate foods in smaller or thinner portions
 - Use rapid cooling equipment such as blast chillers, ice wands, cold master pans
 - Use ice baths- stir foods frequently, ice water depth should be equal or greater than food depth. Replace ice when it melts.
 - Use containers that facilitate the transfer of heat- avoid plastic containers
 - Stir products frequently
 - Add ice as an ingredient
 - Use walk-ins (refrigerator/freezers)- top shelves
 - Keep foods uncovered until properly cooled
 - Use cooling racks in walk-ins- Be sure to rotate cooled foods with recently cooked foods
 - Pre-chill ingredients
 - Use combination of all (or some) of the above
- Reheating when small deviations from hot holding time/temperature have occurred:
 - Reheat cooked hot food to at least 165°F for 15 seconds and start the cooling process again using one of the above methods when:
 - Cooling foods are above 70°F and two hours or less into the cooling process and
 - Above 41°F and 6 hours or less into the cooling process

- Discard cooked, hot foods when:
 - Above 70°F and more than 2 hours into the cooling process or
 - Above 41°F and more than 6 hours into the cooling process
 - Use a different cooling method for prepared TCS foods when the food is above 41°F and less than 4 hours into the cooling process.
 - If TCS foods are held below 135°F for a maximum of 4 hours, reheat foods to at least 165°F for 15 seconds and hot hold at 135°F and above.
 - If TCS foods are held below 135°F for over 4 hours, discard foods
 - Discard prepared TCS foods when foods are above 41°F and more than 4 hours into the cooling process.
- Continued cooking when proper cooking temperatures have not been met
 - Initiated use of gloves, tongs, or utensils to prevent bare hand contact with RTE foods:
 - Required hand washing when potential contamination is observed:

The corrective action that is taken for these items is written on the inspection form in the “notes” section. Appendix C is a copy of a blank inspection report. The inspection report shows each item that is covered in an inspection. Our electronic inspection report allows us to add notes to each violation as they occur (see below for a screen shot of what this looks like).



There is also a section in the inspection form that an inspector can take notes during the inspection if there are observations that do not coincide with a particular item (see below for a screen shot of what this looks like).



The inspector can then take notes on the particular violation in the box above, or type in next to the violation that was selected. Any inspection report can be pulled up on our electronic inspection software and can show the inspectors notes about the corrective action that took place for any given inspection.

Re-inspections: Upon inspection of food establishments, if the Newton environmental health inspectors find priority violations that need to be corrected immediately, they will instruct the manager or PIC to correct the violation. If the violation cannot be corrected immediately, the inspector will come back in a reasonable amount of time for the establishment to correct the violation (1-2 weeks) and document that the violation has been corrected. There is a specific area on the inspection form to indicate that the inspection is a re-inspection. If a certain violation has not been corrected, or has not been

corrected properly, the environmental health inspectors reserve the right to close down the establishment until the correction is made.

Verification and Validation of HACCP Plans

There are few establishments in Newton that require formal HACCP plans and approvals. During an inspection environmental health inspectors encourage food establishment managers and owners to have plans in place that outline the proper procedures when working with potentially hazardous foods going in and out of the temperature “danger zone”. The environmental health inspectors also will cite the FDA created manual “Managing Food Safety: A Manual for the Voluntary Use of HACCP Principles for Operators of Food Service and Retail Establishments”. This manual outlines how to apply HACCP principles to a daily routine in a restaurant and different procedures that managers and owners of food establishments can adopt to maintain safe food. The manual is also available on the City’s “restaurants” webpage along with other informational materials.

Food establishments that require HACCP plans must fill out and have their plans reviewed by the environmental health inspectors prior to opening or starting a process that requires HACCP. The process of obtaining a license to have a food establishment in Newton also includes validation of HACCP plans by the environmental health inspectors if they are necessary. The HACCP Plan Review Application is attached as (Appendix D). The plan includes a checklist of items that must be in place in order for the environmental health inspector to sign off on the plan. If the HACCP plan does not meet the requirements specified in the 2009 FDA Food Code, Annex 4, and the requirements outlined in the HACCP Plan Review Application, the food establishment will not be able to perform said process and will have to make adjustments or additions until the plan is acceptable. The establishment’s HACCP plans will be approved or rejected and they will be given the “Food Establishment Plan/Special Processes Review Approval/Disapproval Form” (Appendix E) indicating such decision. An ‘approval’ marking on this form indicates that the HACCP procedures for the food establishment have been validated by the environmental health staff.

In addition to having the HACCP plans reviewed, the environmental health inspectors are required to fill out the “HACCP Field Verification Report Form”

when they inspect an establishment that requires special processes. Appendix F describes the items necessary for the establishment to meet in order to be in compliance. The “HACCP Field Verification Report Form” indicates that their HACCP plan has been validated, the prerequisites are met and coincide with the Massachusetts regulations and the FDA 2009 Food Code regulations. The form also indicates that the HACCP process(es) have been checked by the inspector, there are monitoring procedures in place that the inspector has seen, there are viewable records available to address Critical Limits at each critical control point and employees have been trained on the HACCP procedure(s). There is also a section of the form that indicates whether corrective action has been taken if the food establishment is not in compliance. It is required that a description of the corrective action is documented in order to complete the form. After completion of the form, the inspectors will verify that the HACCP procedures of a given food establishment are acceptable or unacceptable.

Variance Requirements

The requirements of food establishments requesting a variance is shown in the document ‘Request for Variance to Use Time as a Public Health Control’ (Appendix G). The items contained in this document require the food establishment to indicate the type of food, how the food will be marked or identified to indicate that after 4 hours the food is removed from temperature control, and how the food will be discarded if the time exceeds 4 hours. There is also a place on the form indicating that the food establishment is keeping records of the time and temperature of the food in question. Examples of when this document has been used are attached with the original document. There is one additional form for variances ‘Time as a Public Health Control Variance’ (Appendix H) that is used to indicate whether or not the variance has been approved. The food establishment that is requesting the variance must fill out this form and have it approved by the health inspector and the Commissioner of Health prior to conducting the special food process.

I have read and understand the Newton Corrective Action Policy

_____ Robin Williams

_____ John McNally

_____ Kyle Simpson

Appendix A

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
Prevent. Promote. Protect.

Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089

RISK CONTROL PLAN (RCP)

Establishment Name:		Date:
Address:		Newton, MA 024_____
Phone:	Risk Category:	
Person in Charge:		Title:
Inspector:		

- Specific observation noted during the inspection: _____

- Applicable code violation(s): _____
- Risk Factor(s) to be controlled: _____

- Hazard (most common & significant): _____

- What must be achieved to gain compliance in the future: _____

Email: lwalsh@newtonma.gov

- How will Active Managerial Control be achieved:

1) Who will be responsible for the control? _____

2) What Monitoring and Record keeping is required? _____

3) Who will be responsible for Monitoring and Completing Records? _____

4) What Corrective Action will be taken when deviations are noted? _____

5) How long will the Plan continue? _____

- How will the results of implementing the RCP (Risk Control Plan) be communicated back to the Newton Environmental Health Specialist? _____

As the person in charge of _____ located at

Establishment Name

Newton, MA 024_____

Establishment Address

_____ , I have voluntarily developed

this Risk Control Plan, in consultation with _____, understand

Name of Inspector or Consultant

and will comply with the provisions of this plan.

Print Name of Establishment Owner, Manager or PIC : _____

Signature of Establishment Owner, Manager or PIC: _____

Inspector's Signature: _____

Appendix B

Standard Operating Procedures

Foodborne Illness Investigation and Food Security Preparedness and Response

City of Newton Health and Human Services Department

The standard operating procedures listed below regarding foodborne illness investigation and surveillance system of complaints and outbreaks are based on the Massachusetts Department of Public Health's *Foodborne Illness Investigation and Control Reference Manual*.

Newton is committed to thoroughly investigate complaints received regarding foodborne illness and injury.

I. Investigation Procedures

a. Designated and qualified individuals

Newton Department of Health and Human Services has designated that the following people are trained in foodborne illness complaints and outbreaks: 4 environmental health specialists, 1 public health nurse. The Commissioner of the Newton Department of Health and Human Services will provide the above individuals with additional support and guidance when necessary.

When a complaint is received the administrative assistant will forward the complaint to any of the environmental health specialists investigating official (environmental health inspector or public health nurse). If the call received relates to a foodborne illness that is *confirmed by a laboratory, the MDPH, and/or the healthcare provider*, the information should be forwarded to one of the *public health nurses*. The public health nurse may also receive this information via MAVEN, the computer system used statewide to monitor communicable diseases. If the call received relates to a foodborne illness that is a *complaint and unconfirmed*, the information should be forwarded to one of the *environmental health specialists*. If the call received relates to a *foodborne injury*, the call shall be forwarded to one of the *environmental health specialists*.

b. Contact Information

If any of the designated personnel above have questions regarding investigating foodborne illness complaints and outbreaks, they are advised to contact the following:

Massachusetts Department of Public Health:

Food Protection Program: 617-983-6700 (fax: 617-983-6770)

Division of Research and Epidemiology: 617-624-5600 (fax: 617-624-5698)

State Laboratory Institute: 617-983-6200 (fax: 617-983-6210)

c. Contract with state epidemiological investigation program

An understood agreement with the Massachusetts state epidemiological investigation program can be found in the MA DPH Foodborne Illness Investigation and Control Reference Manual. This agreement outlines that in the event of a foodborne illness investigation, findings will be reported from the Health Department to the State of Massachusetts and the roles, duties, and responsibilities of each party are identified.

Chapter 6 in the MDPH reference manual indicates the roles, duties, and responsibilities of each party involved in the epidemiological investigation and the steps to take to conduct an investigation.

d. Logs and databases and the intake of information

Logs and databases of foodborne illness complaints are maintained in the City's shared drive and have been kept since 2007. The foodborne illness log contains the following fields: Case number, date received, date of investigation, establishment name, address, type of complaint, confirmed illness, samples submitted, inspector, date of inspection, and result of inspection see Appendix A. Prior to conducting an inspection, the environmental health specialists will call the complainant and fill out a foodborne illness intake form (Appendix B- 105 CMR 590.000) An inspection will take place of the food implicated in the complaint. There is a click-off section at the beginning of the report indicating that the following inspection is a foodborne illness complaint. This record will be tied to the restaurant's electronic file and can be reviewed at any time. The environmental health specialists will also fill out the Foodborne Illness Complaint Worksheet, Summary Report, and complete a HACCP Risk Assessment (Appendix C). The procedures and guidance that is used for collecting information on the suspect foods' preparation, storage, or handling during on-site illness, food injury or outbreak investigations comes from the 2009 FDA Food Code for correct food safety techniques for preventing foodborne illness and the MDPH Foodborne Illness Investigation and Control Reference Manual.

In addition to the logs and databases the environmental health inspectors keep for complaints, the public health nurse maintains a database of all confirmed foodborne illness cases that is connected to the state. The public health nurse receives a case report through the Massachusetts Virtual Epidemiologic Network or MAVEN, or by phone call. She then will answer every question in the question package and will submit the information. If the illness in question is a foodborne illness, the MAVEN system will prompt the public health nurse to send a Foodborne Illness Investigation worksheet (Appendix B) to the state Food Protection Program.

e. Reporting and follow-up requirements

The public health nurse will take certain actions and follow-up in certain ways depending on the confirmed foodborne illness in question. There are a certain set of procedures depending on the person involved (ex: food handler), or disease involved. These distinctions and procedures can be found in the Massachusetts Department of Public Health Guide to Surveillance, Reporting, and Control 2nd Edition (2006).

The results of what the environmental health inspectors find at the restaurant in question will determine the steps they will take to follow up. If they find that the food in question was prepared properly following the correct food safety steps according to the most recent edition of the FDA Food Code, there is no further follow-up necessary. If the person calling requests a call back, the environmental health inspectors will return the call. If the inspectors find that the food in question was in fact prepared incorrectly, employee hygiene practices are questionable, or any other source of potential foodborne illness was not addressed according to the most recent edition of the FDA Food Code, corrective action will be taken with the restaurant depending on the severity of the violation. Foods that are blatantly contaminated will be discarded and foods that pose an imminent health hazard will result in emergency closure or suspension order (several infected food handlers, lack of refrigeration, etc...)

f. Informing appropriate law enforcement agencies

In the case of intentional food contamination, law enforcement authorities would be notified. The public health nurse or the environmental health inspector would be responsible for notifying dispatch at the Newton Police Department 617-796-2100, who would then take over the investigation. The environmental inspectors or public health nurse would provide any applicable documentation to the case and assist in any way they could. In addition to the Newton Police Department, state and federal agencies would also be notified in certain circumstances. If the product was shipped interstate, the state Food Protection Program would be contacted. If the product in question originated outside the agency's jurisdiction or has been shipped interstate, the FDA would be notified. The environmental health inspectors have the authority to embargo any of these products in question according to 105 CMR 590.116.

2. Reporting Procedures

a. Sharing Reports

Possible contributing factors to a foodborne illness, food-related injury, or intentional food contamination are identified in each on-site investigational report. This is true for both confirmed foodborne illnesses, and complaints that yield confirmed poor food safety technique that could directly lead to the unconfirmed foodborne illness complaint. The environmental health inspectors will continue to note the possible contributing factors on their intake form, and on their electronic inspection report of the restaurant. The MDPH Manual recommends that the environmental inspectors use the

HACCP form and their own intake forms when conducting on-site investigation/inspections. This intake form is the normal inspection form that the Environmental Health Specialists use to inspect a restaurant, except “Foodborne Illness Complaint” would be selected in the drop down menu (Appendix D).

According to the MDPH Manual, local boards of health are not required to report a foodborne illness complaint to MDPH. However, local boards of health are required to report any and all suspected foodborne illness outbreaks and one case of botulism, or one case of chemical poisoning to MDPH, the Food Protection Program, and the MDPH Division of Epidemiology within 24 hours.

Reports will be shared with the state epidemiologist and all disease outbreaks will be shared with the state epidemiologist and the CDC.

3. Laboratory Support Documentation

Chapter 6 of the MDPH Manual indicates that the Division of Diagnostic Laboratories and the State Laboratory Institute (SLI) is willing and able to provide analytical support to the jurisdiction’s food protection program. It is also indicated in Chapter 6 the type of sample collection and submission of certain contaminants.

In the event that the MDPH State Laboratory is not available to assist Newton with this type of laboratory service, G&L Laboratories located in Quincy, Massachusetts would be contacted.

G&L Laboratory: 617-328-3663 (fax: 617-472-0706)

4. Trace-back procedures

The MDPH Manual outlines the procedure for the trace-back of foods. When conducting a foodborne illness investigation the environmental health staff would also ask for vouchers or invoices from the restaurant in question to determine the origination of the suspect food item. In Appendix E there is a log that outlines the trace back procedure of foods. In the case that the trace-back of foods indicates a foodborne illness from a certain product, Newton will alert the MDPH of this finding, and the MDPH will be responsible for alerting food safety authorities on the federal level.

5. Recalls

Recalling foods in a foodborne illness outbreak; responsibility and verification processes

In the event of an illness, outbreak, or intentional food contamination that a food item needs to be recalled, the environmental staff will notify MDPH Food Protection Program who will notify users on the HHAN (Health and Homeland Alert Network) depending on its severity and take care of all recall procedures. These procedures are similar to 21 CFR Part 7 that indicate (Appendix F). In the case that the food item that

needed recalling originated in Newton, the environmental staff would document that the food item was removed from factory/store shelves via the embargo form (Appendix G). The inspectors can also physically remove the affected foods according to the embargo procedure seen in Appendix H.

6. Media Management

Providing information to the public

Newton has a written Emergency Risk Communication Plan contained in Appendix I that illustrates the media response in the event of a food safety emergency. According to the plan, the Commissioner of Health would be responsible for addressing the media and would cooperate and coordinate with other agencies involved in the investigation.

7. Data Review and Analysis

Newton will conduct a yearly review of the data in the complaint log in order to identify trends and possible contributing factors that are most likely to cause foodborne illness. The review will focus on multiple complaints on the same establishment, complaints on the same establishment type, complaints implicating the same food, complaints associated with similar food preparation processes, number of confirmed foodborne disease outbreaks, number of foodborne disease outbreaks and suspect disease outbreaks, contributing factors most often identified, number of complaints involving real and alleged threats of intentional food contamination, number and complaints involving the same agent and any complaints involving unusual agents when agents are identified.

In the event that Newton has had zero confirmed foodborne illnesses during the twelve months prior to the analysis, a mock investigation will be completed using the above standard operating procedures. The FDA has provided a variety of table top exercises to test our foodborne illness standard operating procedures called FREE-B (Food Related Emergency Exercise Bundle). These exercises are offered on the FDA website (www.fda.gov/) and can be easily printed out and completed in a reasonable amount of time.

Appendix I

Introduction

The Newton Department of Health and Human Services provides health alerts and warnings to the public, as well as health-related public information, during local emergency response. Health alerts and public information may address:

- Protective actions to prevent the spread of disease
- Protective actions in hazardous materials releases
- Health-related effects of exposure to harmful biological, chemical, or radiological agents
- Boil Water Orders, Unsafe Water Alerts, and food safety information
- Isolation/quarantine orders and information

Preparation

1. Meet with the Local or Regional Emergency Management Agency to obtain procedures for requesting activation of the **Emergency Alert System (EAS)**.
2. Prepare pre-scripted EAS messages for health and medical emergency response public information, alert, and warning. Maintain pre-scripted EAS and public information on computer hard drives with backup versions on CD-ROMs.
3. Prepare pre-scripted fact sheets and public information/education for bioterrorism-related events, isolation/quarantine, and mass prophylaxis.
4. Prepare pre-scripted Boil Water Orders, Unsafe Water Alerts, and Food Safety Alerts.
5. Identify translation needs for the community and translate pre-scripted EAS and public information, as needed.
6. Contact local news media to provide information on the Newton Department of Health and Human Services emergency response and to prepare a Media Plan with input from local media representatives.

Pre-Event Planning for Risk Communication¹

¹ The Risk Communication Response Action Checklist and Instructions are excerpted from the MDHP Risk Communication Plan Template for Local Boards of Health, June 2004.

PRE-EVENT PLANNING CHECKLIST	INSTRUCTIONS
<ul style="list-style-type: none"> <li data-bbox="240 323 805 464">□ Meet with fire, police, emergency management and hospital representatives to determine risk communication responsibilities for your community. <li data-bbox="240 485 805 590">□ Determine in advance who is responsible for signing and approving health alerts, warnings, and press releases. <li data-bbox="240 611 805 716">□ Determine in advance who is responsible for announcing health alerts, warnings, or press releases. <li data-bbox="240 737 821 1440">□ Designate official spokespersons to provide the following types of information: <ul style="list-style-type: none"> <li data-bbox="256 821 740 968">▪ Warnings to the public on unsafe areas, areas to be evacuated. Evacuation instructions or in-place-protection instructions. <li data-bbox="256 978 724 1041">▪ Warnings to the public on unsafe food, water or other consumables. <li data-bbox="256 1052 699 1083">▪ Instructions to avoid health risk. <li data-bbox="256 1094 756 1157">▪ Public Information on where to seek medical assistance. <li data-bbox="256 1167 773 1230">▪ Instructions for worried well to avoid overloading medical providers. <li data-bbox="256 1241 756 1272">▪ Instructions on self decontamination. <li data-bbox="256 1283 773 1346">▪ Information on health effects of the current agent or pathogen of concern. <li data-bbox="256 1356 618 1388">▪ Animal disease outbreak. <li data-bbox="256 1398 651 1430">▪ Events with mass casualties. 	<p data-bbox="850 323 1427 386">Refer to the Newton Risk Communication Plan for additional information.</p>

PRE-EVENT PLANNING CHECKLIST	INSTRUCTIONS
<div data-bbox="370 275 786 338" style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> IDENTIFY RISK COMMUNICATION STAFF </div> <ul style="list-style-type: none"> <input type="checkbox"/> Spokesperson for the Department of Health and Human Services <input type="checkbox"/> Staff to prepare FAQs and message development <input type="checkbox"/> Media relations staff (outgoing information to media, and incoming requests for information and briefings) <input type="checkbox"/> Staff to monitor media for rumors and situations which need correction. 	<p>Designated Health Spokesperson: Interim Commissioner of Health and Human Services, Linda Walsh</p> <p>Message, and content development: Interim Commissioner of Health and Human Services, Linda Walsh</p> <p>Media Relations: Director of Policy and Communications, Jeremy Solomon</p> <p>Media and Helpline Monitors:</p>
<div data-bbox="370 909 786 951" style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> IDENTIFY EXPERTS TO ASSIST </div> <ul style="list-style-type: none"> <input type="checkbox"/> Identify experts in the community to give advice on health effects of radiation, chemical agents, and unusual diseases. <input type="checkbox"/> Identify experts ahead of time for assistance with zoonotic diseases and vector borne diseases. 	<p>Radiation experts: 617-242-3035 & 617-242-3453 <i>Monday-Friday 9-5</i></p> <p>Any other time: 617-242-3453 (<i>Rings through to MA State Police</i>); 508-820-2121 (<i>MA State Police direct line</i>); or, 508-820-2000 (<i>MA Emergency Management Agency</i>)</p> <p>Chemical experts: would this just be a poison control center</p> <p>Unusual disease experts:</p> <p>Veterinarians: Animal Inspectors, Dr. Elizabeth Shepherd Dr. Jeff Giles 781-433-0467</p> <p>Vector control:</p>
<div data-bbox="412 1577 786 1640" style="border: 1px solid black; padding: 2px;"> ASSEMBLE COMMUNICATION AIDS </div>	

PRE-EVENT PLANNING CHECKLIST	INSTRUCTIONS
<p style="text-align: center;">COORDINATE WITH NEIGHBORING JURISDICTIONS</p> <p>□ Establish contact with counterparts in neighboring jurisdictions; decide on a procedure for maintaining uniformity of information in public information releases during an event which crosses boundaries.</p>	<p>Neighboring jurisdiction contacts: See Contacts in Neighboring Communities TAB A, above</p>
<p style="text-align: center;">COMMUNICATIONS SYSTEMS</p> <p>□ Identify alert and information communication systems available in the community to address the public and the means of activation and/or contact.</p> <p>□ Identify alert and warning systems in the community to reach clinicians, veterinarians and other medical care providers.</p>	<p>Emergency Alert System (EAS): <i>(Contact method: telephone #, radio call sign, etc.)</i></p> <p>Approval for releases/alerts on the EAS is required from: Interim Commissioner of Health and Human Services, Linda Walsh</p> <p>Automatic telephone dialing systems <i>(Contact method: telephone #, radio call sign, etc.)</i></p> <p>Approval for releases / alerts on the automatic dialing system is required from: Interim Commissioner of Health and Human Services, Linda Walsh</p> <p>Broadcast fax to medical providers: <i>(Contact method: telephone #, radio call sign, etc.)</i></p> <p>Approval for releases / alerts on the Broadcast Fax is required from: Interim Commissioner of Health and Human Services, Linda Walsh</p>

PRE-EVENT PLANNING CHECKLIST	INSTRUCTIONS
<p style="text-align: center;">HELP-LINE COMMUNICATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify staff or volunteers to work in any helpline center in public health (or at an EOC). <input type="checkbox"/> Identify staff and volunteers who can communicate in languages other than English (if necessary for the area). <input type="checkbox"/> Review or establish content approval authorities and procedures for HelpLine staff. <input type="checkbox"/> Review content approval requirements for the Department of Health and Human Services web site. 	<div style="border: 2px dashed black; padding: 10px; margin-bottom: 10px;"> <p style="color: red; text-align: center;"><i>Insert contact information (name, phone) for HelpLine staff and volunteers. (See below)</i></p> </div> <p>Helpline staff:</p> <p>Help Line content approval is required from:</p> <p style="padding-left: 40px;">Interim Commissioner of Health and Human Services, Linda Walsh</p> <p>Website content approval is required from:</p> <p style="padding-left: 40px;">Interim Commissioner of Health and Human Services, Linda Walsh</p>

Response Actions for Risk Communication

RESPONSE ACTION CHECKLIST	INSTRUCTIONS
<p style="text-align: center;">CRISIS RESPONSE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receive information regarding a public health emergency. <input type="checkbox"/> Verify information <input type="checkbox"/> Report to incident scene and Incident Commander. Request a briefing. <input type="checkbox"/> Or, report to a designated Emergency Operations Center (EOC) Incident Commander/EOC Director. Request a briefing. <input type="checkbox"/> OR assist IC with health alerts from office. <input type="checkbox"/> Assist the IC with immediate protective action alerts to the public <p><u>If the situation is unfolding slowly and there is time:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain copies of current situation reports from the ICS Plans Section, if applicable. <input type="checkbox"/> At the request of the Commissioner of Health and Human Services, prepare draft health information releases for the public and the media. <input type="checkbox"/> Establish and maintain contact, as appropriate, with other public information personnel in other departments, jurisdictions, on-scene, and at the EOC to determine what public information has already been disseminated. <input type="checkbox"/> Determine single point of information release. <input type="checkbox"/> Determine and observe constraints on the release of information imposed by the IC, or the EOC Director. <input type="checkbox"/> Determine staffing needs for the PIO. <input type="checkbox"/> Arrange for assistance from designated 	<p>The Newton Department of Health and Human Services may become aware of a public health emergency when information is received from:</p> <ul style="list-style-type: none"> ▪ Hospitals, clinics, or physicians ▪ On-scene incident command ▪ Data from on-going or increased surveillance ▪ Information from Massachusetts Department of Public Health, the CDC or other government agency. <p>Newton Emergency Operations Center Public Information Officer (PIO):</p> <p style="padding-left: 40px;">Director of Policy and Communication, Jeremy Solomon</p> <p>MA Department of Public Health PIO:</p> <p>Neighboring jurisdiction Department of Health PIO:</p> <p>Health alerts, warnings, medical statements releases and instructions are approved by:</p> <p style="padding-left: 40px;">Interim Commissioner of Health and Human Services, Linda Walsh</p>

RESPONSE ACTION CHECKLIST	INSTRUCTIONS
<p>staff or identified experts to communicate medical and technical information.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Forward draft health /medical statements, warnings, releases or instructions for approval. <p style="text-align: center;">MEDIA RELATIONS TASKS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disseminate releases to the media after approval. <input type="checkbox"/> Arrange for meetings between the media and Department of Health and Human Services incident personnel. <input type="checkbox"/> Provide escort service to the media and VIPs. <input type="checkbox"/> Maintain documentation of public information and news media releases. <input type="checkbox"/> Maintain documentation of response costs, including equipment; overtime labor hours, and mileage. <input type="checkbox"/> At a shift change, provide a detailed status report and all written materials to replacement staff. <p style="text-align: center;">MESSAGE LINE AND HELP LINE TASKS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coordinate set-up of a HelpLine call center for the general public. Obtain required approval for content of HelpLine messages. .Prepare pre-recorded messages for the telephone line. <input type="checkbox"/> As necessary, identify staff to assist with Help Line call center. 	

TABLE 1 – DETERMINATION OF RESPONSIBILITY FOR RELEASE OF PUBLIC INFORMATION

Circumstance	Agency Preparing Public Information	Approval required by (or not applicable –NA)	Contact: work / home/ cell/ pager
Unsafe areas - health	Department of Health and Human Services	Interim Commissioner of Health and Human Services, Linda Walsh	617-796-1420 (w) 978-263-5893 (h) 617-504-8190 (c)
Evacuation or in-place sheltering	Police Department	????	
Unsafe consumables	Department of Health and Human Services	Interim Commissioner of Health and Human Services, Linda Walsh	617-796-1420 (w) 978-263-5893 (h) 617-504-8190 (c)
Health precautions	Department of Health and Human Services	Interim Commissioner of Health and Human Services, Linda Walsh	617-796-1420 (w) 978-263-5893 (h) 617-504-8190 (c)
Medical assistance	????		
Worried well	Department of Health and Human Services	Interim Commissioner of Health and Human Services, Linda Walsh	617-796-1420 (w) 978-263-5893 (h) 617-504-8190 (c)
Self Decontamination	Police Department		
Health effects	Department of Health and Human Services	Interim Commissioner of Health and Human Services, Linda Walsh	617-796-1420 (w) 978-263-5893 (h) 617-504-8190 (c)
Outbreak in animal population	Department of Health and Human Services	Interim Commissioner of Health and Human Services, Linda Walsh	617-796-1420 (w) 978-263-5893 (h) 617-504-8190 (c)
Mass casualty events	Police Department		

Appendix C

City of Newton Health and Human Services Linda Walsh, Interim Commissioner 1000 Commonwealth Ave Newton, MA 02459 (617) 796-1420

Food Establishment Inspection Report - FDA

Insp Date:
Business:

Business ID:

Inspection:
Section:
Phone:
Inspector:
Reason:
Results:

Inspection Summary

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/ 2009 Federal Food Code. This report, when signed below by the Commissioner of Health / Agent constitutes an order by the Commissioner of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have the right to a hearing. The request must be in writing and submitted to the Commissioner of Health at the above address within 10 days of receipt of this order.

Est. Type 1-Food Svc License/Permit # _____ Risk Category 04 Risk Level Observed _____
Establishment

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance status: IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable

Marked in appropriate box for COS and/or R. COS = corrected on-site during inspection R = repeat violation

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illnesses or injury.

Supervision

1A. PIC Present

IN	OUT	N/O	N/A	COS	REPEAT
<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

B. Cert. food manager, knowledge, no critical violations

<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
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C. Duties of PIC

<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
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Employee Health

2. Management, food employee and conditional employee; knowledge, responsibilities and reporting

IN	OUT	N/O	N/A	COS	REPEAT
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Proper use of restriction and exclusion

<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
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Good Hygienic Practices

4A. Proper eating, tasting, drinking, or tobacco use

IN	OUT	N/O	N/A	COS	REPEAT
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Acknowledged Receipt _____

Food Establishment Inspection Report - FDA

Good Hygienic Practices	IN	OUT	N/O	N/A	COS	REPEAT
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- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|--|--------------------------|--------------------------|
| B. Preventing contamination when tasting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. No discharge from eyes, nose, and mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

Preventing Contamination by Hands	IN	OUT	N/O	N/A	COS	REPEAT
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|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 6A. Hands clean & properly washed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Where to wash, hand antiseptics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8A. Adequate handwashing sinks properly supplied and accessible | <input type="radio"/> | <input type="radio"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Handwashing sinks accesible with proper signage, handwashing aids | <input type="radio"/> | <input type="radio"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Conveniently located handwashing sink | <input type="radio"/> | <input type="radio"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Approved Sources	IN	OUT	N/O	N/A	COS	REPEAT
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|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 9A. Milk, eggs, juice, bottled water, hermetically sealed food | <input type="radio"/> | <input type="radio"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Fish and shellfish | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Wild mushrooms and game animals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Food received at proper temperature | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Food in good condition, safe, & unadulterated | <input type="radio"/> | <input type="radio"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12A. Required records available: shellstock tags, parasite destruction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Records creation and retention | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Protection from Contamination	IN	OUT	N/O	N/A	COS	REPEAT
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|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 13A. Food separated & protected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Gloves, use limitation, one task- contaminated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14A. Food-contact surfaces: cleaned & sanitized 171° F | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Food contact surfaces cleaned and sanitized NMT 194° F, NLT 180° F | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Mechanical warewashing equipment sanitization food contact surfaces, equip., utensils | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Proper disposition of returned, previously served reconditions, & unsafe food | <input type="radio"/> | <input type="radio"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Potentially Hazardous Food Time/Temperature	IN	OUT	N/O	N/A	COS	REPEAT
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|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 16. Proper cooking time & temperatures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Proper reheating procedures for hot holding | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Proper cooling time & temperatures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Proper hot holding temperatures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Proper cold holding temperatures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Time as a public health control: procedures & record | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Inspector _____

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Food Establishment Inspection Report - FDA

Consumer Advisory	IN	OUT	N/O	N/A	COS	REPEAT
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23. Consumer advisory provided for raw or undercooked foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Highly Susceptible Populations	IN	OUT	N/O	N/A	COS	REPEAT
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24. Pasteurized foods used; prohibited foods not offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Chemical	IN	OUT	N/O	N/A	COS	REPEAT
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25. Food additives: approved and properly used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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26A. Toxic substances properly identified, stored and used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Restriction presence and use, restriction and storage of medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Storage- other personal care items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Conformance with Approved Procedures	IN	OUT	N/O	N/A	COS	REPEAT
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27A. Compliance with variance, specialized process, & HACCP plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Treating juice- HACCP, reduced oxygen packaging w/out variance, conformance with approved procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. When HACCP plan is required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

IN = In compliance OUT = not in compliance COS - corrected on -site during inspection REPEAT = repeat violation

Safe Food and Water	IN	OUT	N/O	N/A	COS	REPEAT
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28. Pasteurized eggs used where required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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29A. Water & Ice from approved source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Alternative water supply, sampling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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C. Sampling Report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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30. Variance obtained for specialized processing methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Food Temperature Control	IN	OUT	N/O	N/A	COS	REPEAT
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31A. Proper cooling methods used; adequate equipment for temperature control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Frozen food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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32. Plant food properly cooked for hot holding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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33. Approved thawing methods used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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34A. Thermometers provided and accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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B. Thermometers function properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Food Identification	IN	OUT	COS	REPEAT
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35A. Food properly labeled; original container	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector _____

Acknowledged Receipt _____

Food Establishment Inspection Report - FDA

Food Identification	IN	OUT	COS	REPEAT		
B. Food labels, labeling of ingredients	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention of Food Contamination	IN	OUT	COS	REPEAT		
36A. Insects, rodents, & animals not present	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Handling prohibition, controlling pests, prohibiting animals	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
37A. Contamination prevented during food storage	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Food display; ice used as an exterior coolant prohibited as an ingredient	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Consumer self-service operations- utensils and monitoring	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38A. Personal cleanliness- prohibition jewelry	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Maintenance of fingernails	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39. Wiping cloths; properly used and stored	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40. Washing fruits & vegetables	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Use of Utensils	IN	OUT	COS	REPEAT		
41. In-use utensils; properly stored	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
42. Utensils, equipment & linens; properly stored, dried, and handled	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
43A. Single-use/ single service articles properly stored and used, required	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Single-use/service articles use limitation, kitchenware and tableware preventing contamination	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44. Gloves used properly	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utensils, Equipment and Vending	IN	OUT	COS	REPEAT		
45A. Food & non-food contact surfaces cleanable	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Food contact surfaces /utensils cleanability, molluscan shellfish tanks, consumer self-service	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Properly designed characteristics: food and non-food contact surfaces, molluscan shellfish tanks	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
46A. Warewashing facilities: installed, maintained, & used; test strips	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Operational warewashing machines	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
47. Non-food contact surfaces clean	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Physical Facilities	IN	OUT	N/O	N/A	COS	REPEAT
48. Hot & cold water available; adequate pressure	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
49A. Plumbing installed; proper backflow devices	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
B. Prohibiting a cross-connection, non-drinking water, system maintained in good repair	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
C. Approved system and cleanable fixtures, service sink	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
50A. Sewage and waste water properly disposed	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
B. Grease traps easily accessible for cleaning	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

Inspector _____

Acknowledged Receipt: _____

Food Establishment Inspection Report - FDA

Physical Facilities	IN	OUT	N/O	N/A	COS	REPEAT
C. Removing mobile food establishment waste	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
51A. Toilet facilities; properly constructed, supplied, & cleaned	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
B. Toilet tissue availability	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
52. Garbage & refuse properly disposed; facilities maintained	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
53A. Physical facilities installed, maintained, & clean	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
B. Cleaning maintenance tools, preventing contamination	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>
54. Adequate ventilation & lighting; designated areas used	<input type="radio"/>	<input type="radio"/>			<input type="checkbox"/>	<input type="checkbox"/>

MASSACHUSETTS ONLY REGULATIONS

Rules and Regulations adopted for use in Massachusetts only.

Facilities	IN	OUT	COS	REPEAT
55A. Catering	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. When plans are reviewed, prerequisite for operations- valid permit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Contents of plans and specifications, preoperational inspections	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Mobile Food Operations	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Temporary Food Establishments	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Residential Kitchens	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedures	IN	OUT	COS	REPEAT
59. Anti-choking Procedures	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Tobacco Products: Notice and Sale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Food Allergy Awareness Requirements	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

Acknowledged Receipt

Appendix D

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089



Public Health
Prevent. Educate. Protect.

HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP) PLAN REVIEW APPLICATION

ESTABLISHMENT NAME:	TELEPHONE:
ADDRESS:	FAX:
OWNER / PERSON-IN-CHARGE:	EMAIL:
HACCP PLAN CONTACT PERSON:	PHONE:
EMAIL:	

The following are pre-requisites for the special process plan approval:

1. Compliance with 105 CMR 590.000 (2009 FDA Federal Food Code) and
2. The implementation of effective standard operating procedures (SOPs) for:
 - Food Protection Management
 - Employee Health and Hygiene
 - Time / Temperature Controls
 - Cleaning and Sanitizing
 - Approved Food Sources
 - Protection from Contamination
 - Protection from Chemicals
 - Facilities / Equipment Design and Maintenance

Email: lwalsh@newtonma.gov

Use the following checklist to verify that the following are included in the plan. Please note that any missing information may cause a delay in the decision process.

- Purpose of Submission (Variance or Code Requirement – Include the Code Reference Number)
- Name of food product and process for which the plan is being submitted
- Include formulation of ingredients
- Copy of labeling (if required)
- Flow chart, showing how the product flows through the establishment, including an accurate description of how the food is prepared, held, served, transported etc.
- Identify each Critical Control Point (CCP) in the process

For EACH CCP include:

- A description of the hazard(s)
- A description of monitoring procedure(s) and a sample of form(s) that will be used to document the monitoring activities.
- A description of corrective action(s) and sample of form(s) that will be used to document the corrective action(s).
- A description of verification procedure(s) and sample of form(s) that will be used to document verification activities by PIC.
- A description of plan verification and validation procedures (example: annual review, scientific data, and medications to plan). Include:
 - (a) A statement that an updated, signed copy of the plan will be maintained on the premises for review by the Newton Health and Human Services Department.
 - (b) Name of person responsible for administering and updating plan.
 - (c) A statement that the regulatory authority will be informed of any significant changes in the process that may affect the accuracy or effectiveness of the plan prior to implementation, and
 - (d) A statement that updated plans will be submitted to the Newton Health and Human Services Department, upon request.
 - (e) Laboratory data, if required.
- Employee training plan and sample form(s) that will be used to document employee training.

All of the information submitted is accurate to the best of my knowledge. All violations noted during previous food safety inspections have been corrected and the operation is in compliance with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments – Chapter X.

Statement: I understand that failure to comply with this plan and / or falsification of monitoring, corrective action, or verification records and / or deviate from the submitted plan without prior permission may result in a suspension of operations in accordance with 105 CMR 590.000 (2009 Federal Food Code 8-103.12) and / or nullify the final approval and / or permit.

Signature of Permit Holder or Person-in-Charge: _____

Print: _____

Date: _____

Appendix E

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
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Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089

FOOD ESTABLISHMENT PLAN / SPECIAL PROCESSES REVIEW APPROVAL / DISAPPROVAL FORM

DATE: Click here to enter a date.

TO: Click here to enter text.

ESTABLISHMENT NAME: Click here to enter text.

ESTABLISHMENT ADDRESS: Click here to enter text.
Newton, MA 024 Choose an item.

SPECIAL PROCESSES: Choose an item.

TYPE OF PROCESS: Choose an item.

REVIEWED BY: Choose an item.

PLAN RECEIVED ON: Click here to enter a date.

ADDITIONAL INFORMATION
RECEIVED ON: Click here to enter a date.

The Newton Health and Human Services Department has reviewed the above referenced plans submitted for Construction, Remodeling, and Special Processes. Based on that review the Department:

- Approves the Plans "As Submitted". Any changes **MUST** be approved prior to installation / implementation of the Special Process. Construction / Remodel / Special Process may commence.
- Approves the Plans "As Submitted" AND with the following revisions. Any changes **MUST** be approved prior to installation / implementation of the Special Process. Construction / Remodel / Special Process may commence. See page 2 or 3 for Additional Comments / Requirements.
- Disapproves the Plans "As Submitted" for the reasons stated below. You may revise and resubmit the plans to the Newton Health and Human Services Department for further review. **
Click here to enter text.

** Construction / Implementation of the Special Process may not begin until you have received written approval from the Newton Health and Human Services Department.

This Plan Approval is viable for Six (6) Months. If construction / remodel has not commenced during that period, a courtesy call will be placed by the Department to determine the status of the project. If after one (1) year construction / remodel has not commenced the Department will assume the project is no longer active and all Plan Approvals will be null and void. Resubmission of Plans and fees will be required. **All fees are NONREFUNDABLE.**
Date Approved: Click here to enter a date.

Inspector Signature: Choose an item.

Inspector Email: Choose an item.

Email: lwalsh@newtonma.gov

Additional Comments / Requirements: NA

[Click here to enter text.](#)

Before food can be delivered to the establishment, a Final walk-through Inspection must be scheduled. Prior to scheduling the walk-through Inspection, the following shall be completed:

- Completed Construction including a facility clean-up.
- All Hand Sinks shall be in working order, supplied with hot and cold water, soap and paper towels and labeled.
- All Refrigerator Units shall be turned on and supplied with working Thermometers.
- Dish Machine should be turned on and in working order according to the Food Code. If the Machine is low temperature, test papers shall be available. Test the Machine on the scheduled walk-through day to verify it is in working order. If the Machine is High Temperature, verify the required Final Rinse Temperature. If the Machine is not in compliance with the Food Code, reschedule the Final walk-through Inspection.

Please note, if the above is not completed, approval for food deliveries may not be granted therefore delaying the opening of the Food Establishment.

Allow enough time between the walk-through Inspection and the expected Establishment opening date for possible corrections. **The Newton Health and Human Services Department is the Second to Last Department to conduct a Final walk-through Inspection**, just prior to the Building Department (to obtain occupancy permit).

In order for the Newton Health and Human Services Department to issue the Initial Food Establishment Permit and / or Common Victualler License, the required Departments (Inspectional Services, Fire and Health and Human Services) if needed, shall sign the Orange Building Permit Card and submit an email to Debbie Gentile. Verifying that the Departments have completed this process will assist in a prompt Establishment Opening. In addition, if your Establishment uses a scale for Retail Operations, schedule an Inspection with the Inspector of Weights and Measures (617-796-1094).

There must be an employee (s) that will remain at the establishment ~90% of the time that is a Certified Food Manager and trained in Allergy awareness. The certificates along with the application and fee must be submitted prior to opening. If the establishment has 25 seats or more, there must be at least one person on site during opening hours who is certified in choke save. Choke save classes are available at Newton City Hall (contact the Department for details). Food Codes can be obtained on line:

Federal Food Code: <http://www.fda.gov/food/guidanceregulation/retailfoodprotection>

MA 105 CMR 590.000: <http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/food-safety/retail-food/>

If there are any questions please call 617-796-1420.

Updated 5/21/14

F/Environmental Section/Form Templates

Appendix F

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
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TDD/TTY 617.796.1089

HACCP FIELD VERIFICATION REPORT FORM

Date Written Plan Validated:	Click here to enter a date.
Establishment Name:	Click here to enter text.
Address:	Click here to enter text.
Person-in-Charge:	Click here to enter text.
Food Product :	Click here to enter text.
Special Process:	Choose an item.

Validated Plan:	In <input type="checkbox"/>	Out <input type="checkbox"/>
HACCP plan validated by the Newton Health and Human Services Department for review		

Prerequisites:	In <input type="checkbox"/>	Out <input type="checkbox"/>
The establishment has implemented effective standard operating procedures and is in compliance with 105 CMR 590.000 and 2009 FDA Food Code. (Any violations would be documented on the Food Establishment Inspection Report Form)		

Accurate Description of Product / Process and Intended Use:	In <input type="checkbox"/>	Out <input type="checkbox"/>
Food flow is consistent with approved flow chart		

Email: lwalsh@newtonma.gov

Hazard(s)	Critical Control Point(s)	Preventive Measure(s) / Critical Limit(s)

Monitoring Procedures:	In <input type="checkbox"/>	Out <input type="checkbox"/>

Food Employee Knowledge of Corrective Actions if Critical Limit(s) Exceeded or Not Met for each CCP:	In <input type="checkbox"/>	Out <input type="checkbox"/>

Verification Process:	In <input type="checkbox"/>	Out <input type="checkbox"/>

Records available and accurate to address Critical Limits at each CCP:	In <input type="checkbox"/>	Out <input type="checkbox"/>

Employee Training:	In <input type="checkbox"/>	Out <input type="checkbox"/>
Evidence of Food Employee Training Provided.		

Inspector:	Choose an item.
Date of Field Verification:	Click here to enter a date.

Corrective Action Taken?

- NO** Establishment is in Compliance with Approved Procedures
- YES** If YES, indicate Corrective Action Taken Below

Choose an item.

Appendix G

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
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Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089

REQUEST FOR VARIANCE TO USE TIME AS A PUBLIC HEALTH CONTROL

Date: _____

Establishment Name: _____

Establishment Address: _____

Phone: _____ Newton, MA Zip: 024 _____

Name of Company Requesting the Variance: _____

Person Requesting the Variance: _____ Title: _____

Phone: _____

Person Responsible for Implementing and Verifying the Approved Variance Procedures:

_____ Title / Position: _____

Phone: _____

I hereby request a variance to use **Time as a Public Health Control** in accordance with the State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments 105 CMR 590.004 (H) and FDA Food Code 3-501.19 for a working supply of TCS (Time / Temperature Control for Safety Food).

The following **MUST** be including in the Variance Request including a copy of the Monitoring Record that will be used at the establishment. **Any missing information may result in a decision delay or disapproval.**

Identify all the specific food item(s): _____

Describe how the food item(s) will be marked or otherwise identified to indicate the time that is four (4) hours after the time the food is removed from temperature control: _____

Email: lwalsh@newtonma.gov

Describe how the food item(s) in unmarked containers or packages or marked to exceed a four (4) hour limit will be discarded: _____

Additionally, the following information must be included on the establishments Time as a Public Health Control Monitoring Record:

- Cook / Prepped temperatures – Foods shall have an internal temperature of 41°F or less when removed from cold holding temperature control or 135°F or greater when removed from hot holding temperature control.
- Time the product was taken out of temperature control
- Amount prepared
- Amount discarded at the end of the four (4) hour period
- Employee’s initials
- Person in charge (PIC) signature – The monitoring record must be reviewed and signed at least once a day by the PIC and maintained on site for at least 30 days.

STATEMENT: I, _____ hereby certify that the above information is correct and I fully understand that any deviation from the submitted request without prior permission from the Newton Health and Human Services Department may nullify the final approval.

Signature: _____

Print: _____

Appendix H

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT
Linda Walsh, Interim Commissioner
1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
Prevent. Promote. Protect.

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TIME AS A PUBLIC HEALTH CONTROL VARIANCE

THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT HEREBY GRANTS A VARIANCE AS REQUIRED BY 105 CMR 590 AND 2009 FEDERAL FOOD CODE §3-501.19 IN ACCORDANCE WITH 2009 FOOD CODE § 8.103.10, TO:

ESTABLISHMENT NAME: _____

ADDRESS: _____

City: _____ MA Zip: _____ Phone: _____

The establishment is permitted to use Time as a Public Health Control for a working supply of Potentially Hazardous Food (Time / Temperature Control for Safety Food).

This variance is granted subject to the following conditions:

1. The facility will strictly adhere to all procedures as set forth in the submitted written procedures and maintain all necessary records.
2. Written procedures shall be prepared in advance, maintained in the Food Establishment and made available to the Newton Health and Human Services Department upon request.
3. The following information must be recorded on the establishments Time as a Public Health Control HACCP Form:
 - Cook / Prepped temperatures
 - Time the product was taken out of temperature control
 - Amount prepared
 - Amount discarded at the end of the four (4) hour period
 - Employee's initials
 - Person in charge (PIC) signature
4. The Food shall have an initial temperature of 41°F or less when removed from cold holding temperature control, or 135°F or greater when removed from hot holding temperature control.
5. The Food shall be marked or otherwise identified to indicate the time is four (4) hours past the point in time when the food is removed from temperature control.

Email: lwalsh@newtonma.gov

- 6. The Food shall be cooked and served, served at any temperature if Ready-to-Eat, or discarded, within four (4) hours from the point in time when the Food is removed from temperature control.
- 7. The Food in unmarked containers or packages, or marked to exceed a four (4) hour limit shall be discarded.
- 8. The monitoring records must be reviewed and signed at least once per day by the person in charge (PIC) of the facility and maintain on site for at least 30 days for the Health and Human Services Department inspections.
- 9. This variance shall be **specific to the location** and process as set forth in your application and is **NOT TRANSFERABLE**.
- 10. Any changes to the process or the Plan as submitted will render this variance null and void.

I HAVE READ THE REQUIREMENTS OF THIS VARIANCE AND UNDERSTAND THEM. I AGREE TO COMPLY WITH THESE REQUIREMENTS; I UNDERSTAND THAT I MUST COMPLY WITH ALL APPLICABLE PROVISIONS OF 105 CMR 590. THE LEGAL OWNERS OF THIS ESTABLISHMENT ASSUME ANY AND ALL LIABILITY FOR ANY INJURY RESULTING FROM USING TIME AS A PUBLIC HEALTH CONTROL.

DATE: _____

PRINT: _____
LEGAL OWNER / AGENT

SIGNATURE: _____

DATE GRANTED: _____

BY: _____
Linda Walsh

INTERIM COMMISSIONER, HEALTH & HUMAN SERVICES