



Dear Food Establishment Owners and Managers,

To maintain your food permit, you are required to maintain a sanitary establishment according to the regulation under 105 CMR 590 of the State Sanitary Code. It is **especially** important to have certain procedures in place which will help **protect** the public from a potential foodborne illness.

Below is a list of the most important requirements that must be maintained:

1. Food establishments are required to have managers with the required Food Safety Protection (i.e., ServSafe) Certificate and the mandatory Allergen Awareness Training.
2. Potentially hazardous foods (PHF's) must be maintained at proper temperatures. Food in coolers **must be 41 degrees or cooler** and Hot, ready-to-heat food **must be stored at 140 degrees or higher**.
3. PHF's need to be stored below or separate from non-hazardous products. PHF's INCLUDE raw meat, poultry products and fish.
4. Barehand contact is **not allowed** for ready-to-eat products. Non-Latex gloves must be worn, and hands should be washed frequently between tasks.
5. Proper Sanitizer for cleaning surfaces should **always** be available during the hours that involve preparing. Spray bottles with Paper Towels OR Wiping cloths with buckets of sanitizer for storing allowed. Chlorine (Bleach) sanitizer should be at **50-100 PPM** and quaternary (quat) at **200 PPM**. **Test strips are required onsite.**
6. All dishware is required to be properly sanitized in either a mechanical dishwasher (Chemical sanitizer or **180 degrees** in the rinse cycle) or by being soaked in a sanitizer solution in a 3-bay sink. Either previously or newly installed)
7. Proper handwashing is extremely important and mandatory. Hand washing sinks must be in working order with hot water and be always accessible. Hand sinks should not be used for storing articles or for washing dishes.
8. Grease traps must be properly maintained and cleaned regularly. This helps protect the municipal sewer system and water supply. Establishments need to keep records/logs of their grease trap cleanings.
9. Outer openings should always be closed during warmer months to keep insects and other vermin from entering the business.

Please remember that the Town of Dracut requires a Business Certificate from the Town Clerk's Office.

This list does not include all the requirements but includes the most critical procedures and requirements to help maintain a safe, sanitary establishment.

Failure to comply with these regulations can endanger the safety of consumers as well as result in regulatory enforcement by the Board of Health.

Regards,

Town of Dracut - Health Director



Town of *Dracut*
MASSACHUSETTS

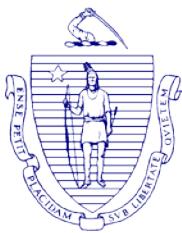
Health Department
Town Hall
62 Arlington St
Dracut, MA 01826
Phone: 978-453-8162

COMMON VICTUALLER'S APPLICANTS:

Must Provide the following prior to scheduling appointment with Board of Selectmen Executive Assistant:

- Zoning, Determination from Building Department (Do this Step First – to obtain Business Certificate)
- Business Certificate from the Town Clerk
- Articles of Organization
- Federal Tax ID#

When all the items above are **completed**, please reach out to the Board of Selectmen Executive Assistant, who is located on the second floor of Town Hall, by calling them at 978-452-1908.



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

Lafayette City Center

2 Avenue de Lafayette, Boston, MA 02111-1750

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

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

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

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

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

Signature: _____ Date: _____

Phone #: _____

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

City or Town: _____ Permit/License #: _____

Issuing Authority (check one):

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

Contact Person: _____ Phone #: _____

Information and Instructions

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

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

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

Applicants

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

City or Town Officials

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

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

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

Lafayette City Center

2 Avenue de Lafayette,

Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



Town of *Dracut*
MASSACHUSETTS

Health Department
Town Hall
62 Arlington St
Dracut, MA 01826
Phone: 978-453-8162

FOOD ESTABLISHMENT OPENING PROCEDURE

1. Complete and sign Food Establishment Permit Application in its entirety with the proper fee. (Check made payable to the Town of Dracut).
2. One ServSafe Certification. (It is Recommended that (2) Two ServSafe Certifications be done or another person must be trained).
3. At least one Allergen Awareness Certification.
4. Workers' Compensation Insurance Affidavit with a copy of your workmen's compensation insurance policy.
5. If you do not have a liquor license with the town then you also need a Common Victualler's License also renewed annually. Please check with the Board of Selectman's office.
6. If at any point, there is a change of floor plans a sketch of the plan is required and also approved by the Building Department.
7. When all the above is satisfied, schedule an appointment for an inspection which is required by the Board of Health inspector.

NOTE:

****Please remember that all food and tabaco permits are renewed annual****

- If your permit is not renewed by January 1st of the New Year your establishment will be subject to closure and you will have to appear before the Board of Health to have your permits re-issued.
- Late Fees are effective for all permits renewals after January 1st.
- Dracut Board of Health requires that you send us proof that your grease trap is emptied every three months (or sooner is necessary). Failure to do so may result in Non-Renewal of Permits.

Please remember that the Town of Dracut requires a Business Certificate from the Town Clerk's Office.



VIEWPOINT ONLINE PERMITTING INSTRUCTIONS

New Business Zoning Determination

- Go to the Town of Dracut Website | www.dracutma.gov
- The Home Page will come up on your screen
- On the top right corner of the screen click "**HOW DO I**"
- Under "**APPLY FOR**", select "Permits & Licenses"
- Click "Proceed to Site"
- Now you are in Town of Dracut - Viewpoint | dracutma.viewpointcloud.com
- Click on **Zoning**
- Select "[New Business Zoning Determination](#)"
- Click on "**Apply Online**"
- Contact information: Type in all the necessary information.
- Location: Click Address or Parcel and click on search bar, type in address and select your business address.
- Proposed Business Information: Complete this section.
- Business Owner Information: Complete this section.
- Home Occupation: Please read and complete.
- Review Information: Please read and if it is correct, click confirm then submit.

*****If missing any information, it will not allow you to submit*****



CERTIFICATES REQUIRED OPENING A FOOD BUSINESS:

Food Safety Manager Certificate:

To obtain a food safety manager certificate contact one of the approved vendors below www.servsafe.com and sign up for the **ServSafe Manager Course**. After passing the course the certificate is valid for five years unless otherwise indicated.

1. ServSafe National Restaurant Association:

- Visit them online at [ServSafe® Official Site - Food Safety Certification | https://www.servsafe.com/](https://www.servsafe.com/)
- Make sure you sign up for the Food Safety Manager Certificate

2. National Registry of Food Safety Professionals:

- Visit their website at [NRFSP - National Registry of Food Safety Professionals | https://www.nrfsp.com/](https://www.nrfsp.com/)
- Test formats are available in **Spanish, Korean, Chinese, and Japanese**.

3. 360Training:

- Visit their website at [360training® Courses - Official 360training® Site | www.360training.com](http://www.360training.com)

ChokeSaver Certificate

Anti-Choke Law: 105 CMR 590.009 (E) requires that all food service establishments that have 25 seats or more. Must have a person certified in choke saving on premises when food is being served. CPR Certificates are valid for 2 years unless otherwise indicated.

To obtain a CPR, or ChokeSaver, you can visit one of these websites:

1. ChokeSaver:

- Visit them online at [ChokeSaver | www.chokesaver.com](http://www.chokesaver.com)
- Make sure you sign up for the Food Safety Manager Certificate

2. American Heart Association:

- Visit their website at [American Heart Association | cpr.heart.org](http://cpr.heart.org)
- Test formats are available in **Spanish, Korean, Chinese, and Japanese**.

3. UMass Lowell's CPR and First Aid Course:

- Visit their website at [CPR and First Aid - UMass Lowell | uml.edu](http://uml.edu)



HEALTH DEPARTMENT

FOR BOARD OF HEALTH USE ONLY

<u>Date Received</u>	<u>Date Inspected</u>	<u>Approved By</u>	<u>Permit # Issued</u>	<u>Fee</u>
_____	_____	_____	_____	_____

Food Establishment Permit Application

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	
5) Applicant Name and Title:	
6) Applicant Address:	
7) Applicant Telephone No:	Email Address:
8) Owner Name and Title (if different from applicant):	
9) Owner Address (if different from applicant):	
10) Establishment Owned By: An Association A Corporation An Individual A Partnership	11) If a corporation or partnership, give name, title and home address of officers or partners: Name: _____ Title: _____ Address: _____ _____ _____ _____ _____
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
13) District Or Regional Supervisor (if applicable)	
Name & Title :	
Address:	
Telephone No:	Fax:

14) Source of Water _____ Sewage Disposal	15) Rubbish Disposal Co. _____ Rendering Co. (For Grease)																								
16) Days and Hours of Operation:	17) No. of Food Employees																								
18) Name of Person In Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.</i>																									
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No																									
20) Location (check one): Permanent Structure Mobile Reg.#: Base of Operation:	21) Establishment Type (check all that apply) <input type="checkbox"/> Retail (sq.ft) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Service (Seats) <input type="checkbox"/> Food Delivery <input type="checkbox"/> Food Service-Takeout <input type="checkbox"/> Mobile Food <input type="checkbox"/> Food Service-Institution <input type="checkbox"/> Mobile Food Walk-on (Meals/Day) (Beds) <input type="checkbox"/> Bakery <input type="checkbox"/> Frozen Dessert Manufacturer <u>Other (Describe):</u> _____																								
22) Length of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates <input type="checkbox"/> Temporary/Dates/Time																									
23) Food Operations: (check all that apply):	Definitions: TCS – time /temperature controlled for safety foods Non-TCS – no time /temperature controlled required RTE -ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing) <table border="1"> <tr> <td><input type="checkbox"/> Commercially Pre-Packaged Non-TCS food</td> <td><input type="checkbox"/> TCS Cooked To Order</td> <td><input type="checkbox"/> Hot TCS Cooked and Cooled or Hot Held for More Than a Single Meal Service</td> </tr> <tr> <td><input type="checkbox"/> Commercially Pre-Packaged TCS</td> <td><input type="checkbox"/> Preparation of TCS For Hot And Cold Holding For Single Meal Service</td> <td><input type="checkbox"/> TCS and RTE Foods Prepared For Highly Susceptible Population Facility</td> </tr> <tr> <td><input type="checkbox"/> Preparation of Non-TCS</td> <td><input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer</td> <td><input type="checkbox"/> Vacuum Packaging/Cook Chill</td> </tr> <tr> <td><input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours</td> <td><input type="checkbox"/> Customer Self-Service</td> <td><input type="checkbox"/> Use Of Process Requiring a Variance and/or HACCP Plan</td> </tr> <tr> <td><input type="checkbox"/> Customer Self-Service Of Non-TCS and Non-Perishable Foods Only</td> <td><input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale</td> <td><input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin</td> </tr> <tr> <td><input type="checkbox"/> Delivers Food Within 1 Hour of Preparation</td> <td><input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale</td> <td><input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service</td> </tr> <tr> <td>Other (Describe): _____</td> <td><input type="checkbox"/> Offers RTE TCS in Bulk Quantities</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food</td> <td></td> </tr> </table>	<input type="checkbox"/> Commercially Pre-Packaged Non-TCS food	<input type="checkbox"/> TCS Cooked To Order	<input type="checkbox"/> Hot TCS Cooked and Cooled or Hot Held for More Than a Single Meal Service	<input type="checkbox"/> Commercially Pre-Packaged TCS	<input type="checkbox"/> Preparation of TCS For Hot And Cold Holding For Single Meal Service	<input type="checkbox"/> TCS and RTE Foods Prepared For Highly Susceptible Population Facility	<input type="checkbox"/> Preparation of Non-TCS	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill	<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring a Variance and/or HACCP Plan	<input type="checkbox"/> Customer Self-Service Of Non-TCS and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin	<input type="checkbox"/> Delivers Food Within 1 Hour of Preparation	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	Other (Describe): _____	<input type="checkbox"/> Offers RTE TCS in Bulk Quantities			<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	
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	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food																								
<p>I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal 2013 Food Code AND 2015 supplement.</p>																									
24) Signature of Applicant: _____																									
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I , to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.																									
25) Federal ID: _____																									
26) Signature of Individual or Corporate Name: _____																									



ALLERGEN AWARENESS CERTIFICATE

To obtain an allergen awareness certificate online, visit a vendor's website, pay fee, and follow the instructions for watching the allergen awareness video. The certificate will be valid for 5 years unless otherwise indicated.

List below are some approved vendors:

1. ServSafe National Restaurant Association:

- Visit them online at [ServSafe® Official Site - Food Allergen Certification | https://www.servsafe.com/](https://www.servsafe.com/)

2. Food Allergen Certification / Food Allergen Education:

- Visit their website at [Food Manager USA - Allergen Awareness Online Course | https://foodmanagerusa.com/](https://foodmanagerusa.com/)

3. Berkshire Area Health Education Center:

- Website at [Berkshire Area Health Education Center - Food Allergen Training | www.berkshireahec.org](http://www.berkshireahec.org)
- Or call 413-447-2417 ext.1108

Allergen signage stating: "Before placing your order, please inform your server if a person in your party has a food allergy" needs to be posted on menu's and cannot be smaller than the menu item fonts. This needs to be printed on the bottom of all menus including the take-out menu as well.

Hand washing signs must be posted per Food Sanitation Standards

(Example) employees - wash your hands after every visit to the toilet

Gloves should be used in accordance with the [Massachusetts State Sanitary Code, 105 CMR 590.00](http://www.mass.gov/doc/105-cmr-590.00)

Prevent Cross-Contact

Keep diners with food allergies safe. Even a tiny amount of an allergen can cause a severe and potentially life-threatening allergic reaction.

Cross-Contact	Cross-Contamination
Occurs when an allergen is unintentionally transferred from one food to another	Occurs when microorganisms like bacteria contaminate food
Can cause food allergy reactions	Can cause foodborne illnesses
Proper cooking does NOT reduce or eliminate the chances of a food allergy reaction	Proper cooking may reduce or eliminate the chances of foodborne illness



Always wash hands and change gloves between preparing different menu items



Clean and sanitize surfaces between every menu item: countertops, cutting boards, flat-top grills, etc.



Always use clean kitchen tools for food preparation: pots, baking sheets, utensils, cutting boards, etc.



Prepare meals on top of barriers like cutting boards, foil, deli paper, etc.



Remember: If a mistake is made, you must start over and remake the allergy-friendly meal

Proper Cleaning to Remove Allergens



Wash with warm, soapy water

Rinse with clean water

Air dry



MILK



WHEAT



EGGS



SOY



SHELLFISH



PEANUTS



TREE NUTS



FISH

Top 8 Allergens
But over 170 foods have caused food allergy reactions

Sources of Cross-Contact

Cross-contact occurs when an allergen is unintentionally transferred from one food to another. Even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction.

Source of Cross-Contact	Example:
Hands	<ul style="list-style-type: none">Handling shrimp and then preparing a saladTouching almonds and then making pasta
Utensils, cutting boards, baking sheets, pots & pans	<ul style="list-style-type: none">Using the same spatula to flip a hamburger after a cheeseburgerSlicing cheese and then vegetables on the same cutting board
Preparation and cooking surfaces	<ul style="list-style-type: none">Preparing different kinds of sandwiches on the same countertopCooking fish and chicken on the same flat top grill
Steam, splatter, flour dust and crumbs	<ul style="list-style-type: none">Steam from cooking fish or shellfish touches nearby foodsBaking flour from pancake mix splatters onto bacon
Refrigerators, freezers and storage areas	<ul style="list-style-type: none">Ranch dressing drips onto a vinaigrette stored on a lower shelfMilk leaks onto margarine stored on the same shelf
Deep fryers and cooking oils	<ul style="list-style-type: none">Making french fries in a deep fryer after chicken tendersReusing cooking oil to sauté green beans after sautéing fish
Condiments, nut butters and jelly/jams	<ul style="list-style-type: none">Dipping a knife used to spread peanut butter into a jelly jarTouching the tip of a squeeze ketchup bottle to a breaded chicken breast
Shortcuts	<ul style="list-style-type: none">Picking croutons off a saladScraping eggs off a plate

Proper Cleaning to Remove Allergens



Wash with warm, soapy water



Rinse with clean water



Air dry

For each new item, use clean:

Hands Latex-Free Gloves



MILK



WHEAT



EGGS

Utensils Surfaces



SOY



SHELLFISH



PEANUTS



TREE NUTS

Oil and Water Pots/Pans/Baking Sheets



FISH

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