

**BOARD OF HEALTH
Town of Dracut
62 Arlington St
Dracut, MA 01826
Tel.: (978) 453-8162**

**David Ouellette
Public Health Agent**

**Kara Curley,
Public Health Nurse/Health Agent**

Temporary Food Establishment Permit

1. Read and complete “Are You Ready?” checklist guide from Massachusetts DPH
2. Complete Application for temporary Food Service Permit in it’s entirely
3. Complete Workers’ Compensation Insurance Affidavit and attach a copy of your workmen’s compensation insurance policy (if applicable), along with a current copy of your Liability Insurance.
4. Copy of Allergen Awareness Certificate and ServSafe Certificate
5. Fee \$50.00 (Check payable: Town of Dracut)

NOTE: there is no fee for non-profit organizations or for companies that currently hold a yearly food service permit with the town.

DR. LOUIS E. ROUSSEAU, Chairman -- CYNTHIA CAMPBELL, RN., Vice Chairman – TOM BOMIL, Clerk

The Town of Dracut is an Equal Opportunity/Affirmative Action Employer

Massachusetts Department of Public Health
Food Protection Program
Temporary Food Establishment Operations

Are You Ready?

Use this guide as a checklist to verify compliance with MA food safety regulations.

<input type="checkbox"/> Application	Submit a completed temporary food establishment application to the Local Board of Health a minimum of 30 days prior to the event.
FOOD & UTENSIL STORAGE AND HANDLING	
<input type="checkbox"/> Dry Storage	Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.
<input type="checkbox"/> Cold Storage	Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the board of health for storage of less hazardous foods, or use at events of short duration.
<input type="checkbox"/> Hot Storage	Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.
<input type="checkbox"/> Thermometers	Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.
<input type="checkbox"/> Wet Storage	Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.
<input type="checkbox"/> Food Display	Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers. Post consumer advisories for raw or undercooked animal foods.
<input type="checkbox"/> Food Preparation	Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the board of health to prevent bare hand contact with ready-to-eat food. Protect all storage, preparation, cooking and serving areas from contamination.
Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchens.	
PERSONNEL	
<input type="checkbox"/> Person in Charge	There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local board of health for food protection management certification requirements.
<input type="checkbox"/> Handwashing	A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120°F. A handwashing sign must be posted.
<input type="checkbox"/> Health	The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers or hands must be covered and protected with waterproof materials.

Hygiene Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

CLEANING AND SANITIZING

Warewashing A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.

The board of health may require additional sets of utensils if warewashing sinks are not easily accessible.

Sanitizing Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.

Wiping Cloths Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

WATER

Water Supply An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.

Wastewater Disposal Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

PREMISES

Floors Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.

Walls & Ceilings Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.

Lighting Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.

Counters/Shelving All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.

Trash Provide an adequate number of cleanable containers inside and outside the booth.

Restrooms Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.

Clothing Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.

Need more information on food safety and MA food regulations

www.mass.gov/dph/fpp

Retail Food Information

http://www.umass.edu/umext/nutrition/programs/food_safety/resources/index.html

MA Partnership for Food Safety Education Resources/Food Safety Principles for Food Workers

www.foodsafety.gov

Gateway to Government Food Safety Information



GUIDELINES FOR TEMPORARY FOOD VENDORS

In order to ensure that safe and sanitary foods are served to the public, your temporary food permit is issued based on the following conditions:

- Your Certified Food Manager certificate, temporary food, and propane permits (if applicable) must be conspicuously displayed on site.
- Only the foods stipulated on your temporary food permit may be sold.
- Foods must be obtained from an approved commercial source. Proof of source such as boxes, receipts etc. must be on site.
- All potentially hazardous foods such as hot dogs, commercially pre-cooked sausages, hamburgers, prepared vegetables, must be maintained either above 140°F or below 41°F.
- Only mechanical refrigeration or crushed / cubed ice is allowed as a cooling medium. Foods shall not come in contact with water or undrained ice. Packaged foods may not be stored directly in ice if it is subject to the entry of water.
- Cooking temperatures are as follows:
§ Commercially pre-cooked products -140°F
- All foods, drinks and condiments shall be handled and stored in a manner that prevents contamination such as using clean covered containers, storing equipment and food up off the ground etc. Trash bags are not to be used for food storage.
- Running water with liquid soap and disposable paper towels for hand washing must be available and set-up prior to food preparation. Bottled water with a pull-out spout is acceptable. Check with the Health Department for other acceptable methods.
- All food handlers shall wash their hands after utilizing the toilet facilities, smoking, eating, changing tasks, and changing gloves or when hands become contaminated. All wrist jewelry and adornments must be removed.
- Bare hands may not contact ready-to-eat foods. Suitable utensils shall be used such as deli tissue, spatulas, tongs, single-use non-latex gloves etc. Bare-hand contact shall be minimized with foods that are not ready-to-eat.
- All equipment, utensils, containers etc. shall be in clean, sanitary condition. Where there are no ware washing facilities obtainable, a spare set of work utensils shall be available.
- All carts must be thoroughly pre-cleaned before setting up at the event.
- People handling the food shall wear clean outer garments, hair restraints, and utilize good hygienic practices.
- Vendors licensed to sell scooped ice cream must store scoops individually in each tub of ice cream or provide dipper well with running water
- Smoking is prohibited within 10 feet of a cart or food storage area. Employees must wash their hands thoroughly with soap before returning to work.
- Garbage and refuse shall be disposed of in a satisfactory manner. The premises shall be kept clean.
- A stem type of thermometer that has been properly calibrated must be available for testing potentially hazardous foods on site. The thermometer must be cleaned and sanitized before and after use in a manner approved by the Health Department. Refrigerated units must have thermometers



Town of *Dracut*
MASSACHUSETTS

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

- A labeled spray bottle of sanitizer prepared at proper concentration must be on site and used on all food contact surfaces, utensils etc. Proper concentrations should be determined with pH papers.
Concentrations are as follows:
§ Chlorine sanitizer: 50 – 100 PPM § Quaternary sanitizer: 200 PPM

If any of these conditions are not set up and maintained, your temporary food permit will be immediately revoked, and you will be ordered to stop serving food.

If you have any questions regarding the above conditions, call the Dracut Board of Health at 978-453-8162 prior to the event.

I have read, understood, and agree to adhere to the above conditions.

PERMIT HOLDER DATE



Town of *Dracut*
MASSACHUSETTS

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

Check Payable to Town of Dracut - NO CASH

Fee: \$50 (no charge for non-profits and business who hold an annual food permit)

APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT

Name of Event: _____ Location: _____

Date of Event: _____

Name of Applicant: _____ Tel: _____

Address: _____

Name of Applicant: _____ Tel: _____

Address: _____

Certified Food Manager's Name: _____ Certification #: _____

A PLAN OF THE ESTABLISHMENT FOR THE EVENT MUST BE ATTACHED TO COMPLETE THIS APPLICATION

FOR ESTABLISHMENTS OUTSIDE OF DRACUT, MA:

A COPY OF THE CERTIFIED FOOD MANAGER'S CERTIFICATE AND ESTABLISHMENT'S PERMIT MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Type of Refrigeration: **Gas** **Ice** **Dry Ice** **Other**

Method for Cooking/Hot Holding: **Gas** **Other**

Method for Sanitizing: **Chemical** **Other**

Source of Food: Name: _____ Address: _____

FOODS TO BE SERVED INCLUDING INGREDIENTS AND METHOD OF PREPARATION: _____

I have read the Board of Health, "Requirements for Temporary Food Establishments." I have had the opportunity to ask questions regarding those requirements. I understand them, agree to abide by them and understand that failure to do so will result in revocation of my temporary food establishment permit.

Pursuant to MGL c62c, S49a, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required.

UNDER LAW: _____

SIGNATURE

DATE

SOCIAL SECURITY OR FEDERAL ID #

Check#: _____ Date: _____ Amount Paid: _____

Approved By: _____ Date: _____



**The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

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

Business Type (required):

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

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

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

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

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

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

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

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

Signature: _____ Date: _____

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____

Information and Instructions

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

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

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

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

City or Town Officials

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

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

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

1 Congress Street, Suite 100
Boston, MA 02114-2017

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

Fax # 617-727-7749

www.mass.gov/dia