Plan Review for Residential Kitchens and Permit Application

A Food Establishment Permit must be obtained if food is prepared in or distributed from a Residential Kitchen for sale according to the Massachusetts State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments 105 CMR 590.009 (2) – (3). At this time, your establishment does not have a Food Establishment Permit therefore any and all food production (if any) must cease. Prior to obtaining a Food Establishment Permit, the following must be provided to the Newton Health and Human Services Department:

1. Who would you like to sell your product(s) to?
   
   A. ☐ The end user (a person who will consume the product) such as at a Farmer’s Market or on the Internet.

      If A, then the Newton Health and Human Services Department will be the Licensing Authority. Continue to Question 2.

      Note: The use of brokers, wholesalers and warehouse by residential kitchen operators to store, sell and distribute foods prepared in residential kitchens is prohibited. Food products made in residential kitchens may not be sold-out-of state (FDA does not recognize these foods as originating from an approved source).

   
   B. ☐ To a Food Establishment (an establishment who will sell the product to the end user) such as a Retail Market, Restaurant etc.

      If B, the Newton Health and Human Services Department will NOT be the Licensing Authority. Wholesale Operations (selling to retail stores, restaurants etc.) require a food processor license obtained from the State of MA Food Protection Program (FPP). Contact the State FPP at 617-983-6770. Website: www.gov/dph/fpp

2. Obtain Written Clearance from the Newton Inspectional Service Department (ISD) – Zoning stating that the intended business meets the zoning requirements. Inspectional Services is located at City Hall in Newton, 1000 Commonwealth Avenue, 2nd floor. Phone number 617-796-1060.

   • Was permission Granted by ISD?  ☐ Yes  ☐ No

      ✓ If Yes, submit a copy with this Form. Continue to Question 3

3. Only non-TCS (Time / Temperature Control for Safety Food) Foods (foods that do not require refrigeration and / or a variance) shall be prepared in or distributed from a Residential Kitchen for sale to the public. Items include but are not limited to Baked Goods such as Cakes, Cookies, Brownies, Candies, Jams & Jellies.

   • Submit intended list of Food(s) to be prepared or distributed: ____________________________

4. Food ingredients must be obtained from approved sources (Licensed Wholesale Establishments).

   • List sources of all ingredients used: ____________________________
5. Ingredients shall be stored separately from “private use” foods.
   • Describe where the food and the ingredients will be stored:

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**Note:** Only immediate family members residing in the household may prepare food for retail sale in a Residential Kitchen.

6. The kitchen sink may NOT be used for hand washing after toilet use but may be used for food preparation and ware washing provided it is cleaned and sanitized prior to and between use.
   • Describe how sinks will be used within the household:

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7. Describe the following:
   • Where will soiled equipment will be stored prior to washing:
   • How will Food-Contact surfaces be Cleaned and Sanitized:
   • What type and brand name of Sanitizer will be used?
     ○ Chlorine: __________________________ ○ Quaternary: __________________________

**Note:** A domestic or home-style dishwasher may be used provided the use of a Maximum Registering Thermometer or a Temp Thermolabel to determine the internal temperature is a **minimum of 150°F** after the final rinse and drying cycle. Records of this testing shall be kept on file for **30 days**.

   • If a domestic or home-style dishwasher is to be used, attach a picture of the Maximum Registering Thermometer or the Thermolabel results:

   ![Attach Label or Picture Here](image)

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8. Pets may be present on the premises, but shall be kept out of food preparation and dining areas during food preparation and service to the public.
   • List pets that live and / or visit the household:
   • Describe how pets will be excluded (if applicable):

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❖ The operator of the residential kitchen shall obtain certification as food safety manager by passing a test that is part of an accredited program recognized by the Department and obtain a certificate in Food Allergen Awareness Training. A directory of Massachusetts Food Protection Manager Certification Exam and Trainers can be found at: [www.mass.gov/dph/fpp](http://www.mass.gov/dph/fpp)
PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

☐ Completed “Plan Review for Residential Kitchen” Application

☐ Completed “Permit to Operate a Residential Kitchen” Application (Food Establishment)

☐ A copy of ISD (Inspectional Services Department) Approval

☐ A check or money order made payable to the “City of Newton” for $200.00
  ➢ Note: The $200.00 includes: $50.00 Plan Review Fee and $150.00 Permit to Operate a Residential Kitchen (Food Establishment)

Cash is not accepted. All Fees are NON REFUNDABLE.

☐ A copy of Food Manager and Allergy Awareness Certificates.

Note: Production of food cannot take place until all of the above has been submitted and approved by the Newton Health and Human Services Department. Missing information may cause a delay in the decision process.

STATEMENT: I, ________________________________ hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Newton Health and Human Services Department may nullify the final approval. I agree to conform to Employee Hygiene and Health requirements (use the “Food Employee Reporting Agreement” on page 4 as a guide).

Signature: ________________________________ Date: ____________

The Health and Human Services Department is open 8:30 AM – 5:00 PM Monday – Friday and until 8:00 PM on Tuesdays. If there are questions please call the Newton Health Department at 617-796-1420.

FOR OFFICIAL USE ONLY

Date Submitted: ____________ Fee Received: $ ____________ Check #: ____________

☐ Approved ☐ Disapproved: Reason ________________________________

Reviewed By: ________________________________ Date: ____________

Updated 1/8/18
Food Employee Reporting Agreement
Preventing Transmission of Diseases through Food by Infected Food Employees

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

SYMPTOMS
1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part
   (such as boils and infected wounds, however small)

MEDICAL DIAGNOSIS
Whenever diagnosed as being ill with Salmonella Typhi (typhoid fever), Shigella spp. (shigellosis), Escherichia coli O157:H7, hepatitis A virus, Entamoeba histolytica, Campylobacter spp., Vibrio cholera spp., Cryptosporidium parvum, Giardia lamblia, Hemolytic Uremic Syndrome, Salmonella spp. (non-typhi), Yersinia enterocolitica, or Cyclospora cayetanensis.

PAST MEDICAL DIAGNOSIS
Have you ever been diagnosed as being ill with one of the diseases listed above?
If you have, what was the date of the diagnosis?

HIGH-RISK CONDITIONS
1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A
2. A household member diagnosed with typhoid fever, shigellosis, illness due to E. coli O157:H7, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, E. coli O157:H7 infection, or hepatitis A

I understand the requirements concerning my responsibilities under 105 CMR 590.000 / 2013 FDA Food Code and agree to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved. I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.
APPLICATION PERMIT TO OPERATE A RESIDENTIAL KITCHEN
(FOOD ESTABLISHMENT)
Complete legibly and enclose a fee payable to the “City of Newton”
Cash is not accepted.

Date ____________________________
Residential Kitchen Business Name: ____________________________ Phone Number: ____________________________
Address: ____________________________________________________________ Newton, ____________________________
Applicant Name: ____________________________ Title: ____________________________
Phone Number: ☐ Same as Above ____________________________ Date of Birth: ____________________________
Email: ____________________________
Emergency Contact: ____________________________ 24 Hour Number: ____________________________

Pursuant to M.G.L. 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 all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

Residential Kitchen Fee Enclosed: $ ____________________________ Federal Identification Number __________
Total Enclosed: $ ____________________________ Signature of Individual ____________________________

To obtain a permit to operate a Residential Kitchen (Food Establishment) please submit the following:

☐ Completed “Application for a Permit to Operate a Residential Kitchen (Food Establishment)”. Please print legibly and note that any missing information may cause a delay in the permit process. Do not leave any blank spaces. Include your Federal Identification Number and Signature.

☐ Permit Fee: $150.00 check payable to “City of Newton”. Cash is not accepted. All Fees are nonrefundable.

☐ A copy of the Person-in-Charge (PIC) Certified Food Protection Manager AND Allergy Awareness Certificates.

Food Codes can be found at the following websites:

105 CMR 590.000 http://www.mass.gov/eohhs/docs/dph/regs/105cmr590.pdf
The following are Code Requirements and Recommendations

<table>
<thead>
<tr>
<th>Code</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-301.11</td>
<td>Bare Hands: Hands shall be clean before donning clean gloves. When gloves have been worn for a period of time, sweat builds up that could contain bacteria. Remember, Bare Hand Contact is NOT ALLOWED on RTE (Ready-to-Eat) Foods.</td>
</tr>
<tr>
<td>2-303.11</td>
<td>Jewelry: Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.</td>
</tr>
<tr>
<td>3-304.15</td>
<td>Latex Gloves 105 CMR 590.004 (E): Natural rubber latex gloves have been reported to cause allergic reactions in some individuals who wear latex gloves during food preparation, and even in individuals eating food prepared by food employees wearing latex gloves. This information should be taken into consideration when deciding whether single-use gloves made of latex will be used during food preparation.</td>
</tr>
<tr>
<td>4-603.14</td>
<td>Cleaning: Equipment shall be effectively washed to remove or completely loosen soils by using a detergent containing wetting agents and emulsifiers. A container with soapy water should be available for proper cleaning. If the surface needs to be wiped to remove crumbs, use a paper towel (use once then dispose).</td>
</tr>
<tr>
<td>4-603.16</td>
<td>Rinse: Equipment shall be effectively washed to remove or completely loosen soils by using a detergent containing wetting agents and emulsifiers. Washed utensils and equipment shall be rinsed so that abrasives are removed and cleaning chemicals are removed or diluted through the use of water. It is important to rinse off detergents, abrasive, and food debris after the wash step to avoid diluting or inactivating the sanitizer.</td>
</tr>
<tr>
<td>4-702.11</td>
<td>Sanitize: Sanitization is accomplished after the ware washing steps of cleaning and rinsing so that utensils and food-contact surfaces are sanitized before coming in contact with food and before use. Sanitizer is NOT a cleaner. The instructions on a sanitizer containers state to clean first with a detergent, rinse THEN sanitize. Always follow the instructions on the chemicals label. Sanitizers are not designed to remove allergen proteins. Read and following the Sanitizer manufacturer's label instructions for use and to obtain the proper contact time required to destroy organisms. It is important that surfaces be clean before being sanitized to allow the sanitizer to achieve its maximum benefit. Food contact surfaces such as prep tables, equipment and utensils must remain in the sanitizing solution for a period stated on the chemical manufacturer label in order to sufficiently destroy pathogens that may remain on surfaces after cleaning.</td>
</tr>
<tr>
<td>7-202.12</td>
<td>Using the Wrong Chemical: Poisonous or toxic materials shall be used according to the manufacturer’s use directions included in labeling, and, for a pesticide, manufacturer's label instructions that state that use is allowed in a food establishment. Read the label.</td>
</tr>
<tr>
<td>7-204.11</td>
<td>Sanitizer Concentrations and Test Papers: Two Types of Sanitizers – Bleach (Chlorine) or Quaternary. Bleach - There are Pre-Mixed Sanitizers however read the label and verify it is approved to be used on “Food Contact” surfaces. If a Bleach and water solution is to be used, mixed the solution to the acceptable level on the label. Avoid mixing with hot water. Typically the concentration allowed is 50 – 200 ppm however 50 – 100 ppm is preferred. More is not better. More could be toxic. The contact time for Bleach is usually two (2) minutes. Use the test kit with the white test strips and purple color chart. Quaternary (QAC) Sanitizers – Some have a concentration range of 150 – 400 ppm or 200 ppm. Read the label on the chemical bottle and mix the solution according to the manufacturer’s instructions. Quaternary Sanitizers typically have a one (1) minute contact time. Use the test kit with the orange test strips and green color chart. Mix the solution with warm water (65°F – 75°F). QAC test strips. It is HIGHLY recommended to use test strips that do not have to be held in the solution for a minute and a half (90 seconds). There are instant read strips and ten (10) second hold strips. Read the label on the test strips. Some test strips are temperature dependent which require the water, when mixing the solution, to be 65°F - 75°F.</td>
</tr>
<tr>
<td>3-302.12</td>
<td>Label Food Containers: Working containers of food / ingredients that are removed from their original packages for use, such as oils, salt etc. shall be identified with the common name of the food. Label all containers, bins and squeeze bottles.</td>
</tr>
<tr>
<td>3-602.11</td>
<td>Food Labels 105 CMR 520 MA Labeling Requirements: Food products that are packaged shall be labeled to include the following information: The common name of the food, if made from more than two ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial colors, artificial flavors and chemical preservatives, the net quantity of contents, the name and place of business of the manufacturer, packer, or distributor, and the major food allergen.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
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</tr>
<tr>
<td>3-305.11</td>
<td>Food Storage: Food shall be protected from contamination by storing the food in a clean, dry location; where it is not exposed to splash, dust, or other contamination; and at least six (6) inches above the floor.</td>
</tr>
<tr>
<td>3-305.14</td>
<td>Food Preparation: During preparation, unpackaged food shall be protected from environmental sources of contamination.</td>
</tr>
<tr>
<td>3-304.14</td>
<td>Wiping Cloths / Sanitizer Container Storage: Wiping cloths in-use for wiping counters and other equipment surfaces shall be held between uses in a chemical sanitizer solution at a concentration specified by the manufacturer (read the label). Containers of chemical sanitizing solution in which wet wiping cloths are held between uses shall be stored off the floor and used in a manner that prevents contamination of food, equipment, utensils, linens, and single-service items.</td>
</tr>
<tr>
<td>4-101.16</td>
<td>Sponges: Sponges may not be used in contact with cleaned and sanitized or in-use food-contact surfaces. The use of a scrubby pad without the attached sponge is acceptable.</td>
</tr>
<tr>
<td>4-901.11</td>
<td>Wiping Equipment: After cleaning and sanitizing, equipment and utensils shall be air-dried and may not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry.</td>
</tr>
<tr>
<td>4-903.11</td>
<td>Storage of equipment: Cleaned equipment and utensils, laundered linens, and single-service and single-use items (to go containers) shall be stored in a clean, dry location; where they are not exposed to splash, dust, or other contamination; and at least 6 inches above the floor. Clean equipment and utensils shall be stored in a self-draining position that allows air drying; and covered or inverted.</td>
</tr>
<tr>
<td>4-202.11</td>
<td>Food-Contact Surfaces Cleanability: Multiuse food-contact surfaces shall be smooth, free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections.</td>
</tr>
</tbody>
</table>
Minimum Requirements for Packaged-food Labeling

The Massachusetts Food Protection Program has prepared this “GUIDE” to help you develop a food label that complies with Massachusetts and federal labeling requirements.

Foods that Require Labeling
All packaged foods must be labeled in accordance with Massachusetts and federal labeling regulations, including all foods intended for retail sale that are manufactured in licensed Residential Kitchens.

Minimum Information Required on a Food Label
The Massachusetts and federal labeling regulations require the following information on every food label:

✓ Common or usual name of the product.
✓ All ingredients listed in descending order of predominance by weight, and a complete listing of sub-ingredients. Example of a sub-ingredient: Flour (bleached wheat flour, malt barley, flour, niacin, iron, potassium thiamine, thiamine mononitrate, riboflavin).
✓ Net weight of product. Dual declaration of net weight, if product weighs one pound or more. Example: 1 pound [16 oz.] y “Keep refrigerated” or “Keep frozen” (if product is perishable). y All perishable or semi-perishable foods require open-dating and recommended storage conditions printed, stamped, or embossed on the retail package.
✓ Once an open-date has been placed on a product, the date may not be altered.
✓ Name and address of the manufacturer, packer, or distributor. If the company is not listed in the current edition of the local telephone book under the name printed on the label, the street address must also be included on the label.
✓ Nutrition labeling.
✓ If a food product has a standard of identity, the food must meet the standard in order to be offered for sale under that product name.
✓ All FDA certified colors. Example: FD&C Yellow #5, FD&C Red #3

Massachusetts Open-dating Regulation
To comply with the Massachusetts open-dating labeling regulation, a “sell-by” or “best-if-used-by” date is required if the product has a recommended shelf life of fewer than 90 days.

Foods exempt from this requirement include: fresh meat, poultry, fish, fruits, and vegetables offered for sale unpackaged or in containers permitting sensory examination, and food products pre-packaged for retail sale with a net weight of less than 1½ ounces.

Foods may be sold after the open-date if the following conditions are met:
✓ It is wholesome and good quality.
✓ The product is segregated from food products that are not “past date,” and the product is clearly marked as being “past date.”

Health Claims
Heath claims allowed by the FDA on a label are limited to the following relationships between diet and disease:
1. Calcium and reduced risk of osteoporosis.
2. Sodium and increased risk of hypertension.
3. Dietary saturated fat and cholesterol and increased risk of heart disease.
4. Dietary fat and increased risk of cancer.
5. Fiber-containing grain products, fruits, and vegetables and reduced risk of cancer.
7. Fruits, vegetables, and grain products that contain fiber, particularly soluble fiber and reduced risk of heart disease.
8. Soluble fiber from certain foods and reduced risk of heart disease.
10. Soy protein & reduced risk of heart disease.
11. Stanols / sterols and reduced risk of heart disease.
12. Dietary non-cariogenic carbohydrate sweeteners and reduced risk of tooth decay.

<table>
<thead>
<tr>
<th>Example</th>
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<tbody>
<tr>
<td>Massachusetts Minimum Requirements for Packaged-Food Labeling</td>
</tr>
<tr>
<td>WHEAT BREAD</td>
</tr>
<tr>
<td>Ingredients: Flour (bleached wheat flour, malt barley, flour, niacin, iron, potassium thiamine, thiamine mononitrate, riboflavin, folic acid), Sugar, Eggs, Water, Milk, Margarine (liquid soybean oil, partially hydrogenated soybean oil, water, salt, whey, soybean lecithin, vegetable mono &amp; diglycerides, sodium benzoate as a preservative, potassium caseinate [a milk protein], artificially colored, FD&amp;C Red #3, artificially flavored, vitamin A, dalmiate added), Yeast, Salt</td>
</tr>
<tr>
<td>Contains: Wheat, Eggs, Milk, Soy</td>
</tr>
<tr>
<td>Sell by: 9/22/08</td>
</tr>
<tr>
<td>Net Weight: 1 pound (16 oz.)</td>
</tr>
<tr>
<td>The Bakery</td>
</tr>
<tr>
<td>412 Main Street</td>
</tr>
<tr>
<td>Anytown, MA 01234</td>
</tr>
</tbody>
</table>

**Food Allergen Labeling**
The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) addresses the labeling of foods that contain any of the eight major food allergens.

<table>
<thead>
<tr>
<th>FALCPA defines &quot;major food allergens&quot; as:</th>
</tr>
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<tbody>
<tr>
<td>• Milk</td>
</tr>
<tr>
<td>• Tree Nuts</td>
</tr>
<tr>
<td>• Fish</td>
</tr>
<tr>
<td>• Soybeans</td>
</tr>
<tr>
<td>• Egg</td>
</tr>
<tr>
<td>• Wheat</td>
</tr>
<tr>
<td>• Crustacean</td>
</tr>
<tr>
<td>• Peanuts</td>
</tr>
</tbody>
</table>

All ingredients that contain a major food allergen must be labeled, even if they are exempted from labeling by being a spice, flavoring, coloring or incidental additive.

FALCPA requires the labeling of food allergens in one of two ways.
1. In the ingredient statement, include the common or usual name of the food source, followed by the name of the allergen in parentheses. For example: Ingredients: Flour (**wheat**), whey (**milk**)
2. After the ingredient statement, place the word, "Contains:" followed by the name of the food allergen. For example: **Contains: Wheat, Milk**

FALCPA requires that:
• For Tree Nuts, the specific type of nut must be declared. Example: almonds, pecans, walnuts
• For Fish and Crustacean Shellfish, the species must be declared: Example: cod, salmon, lobster, shrimp

FALCPA's requirements apply to all packaged foods sold in the United States, including both domestically manufactured and imported foods.

Please Note: This is only a GUIDE. Since Regulations are amended from time to time, it is the responsibility of licensees to know and abide by all current labeling regulations. Always consult official Massachusetts and federal regulations to ensure labels are in full compliance.