



BOARD OF HEALTH CHILMARK, MASSACHUSETTS

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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

New Remodel Conversion

Type of Food Operation:

Restaurant: Bed & Breakfast: Residential Kitchen: Caterer: Retail Food Store: Seafood Store: Other: _____

Establishment GREY BARN FARM ENTERPRISES, LLC

Address: 22 SOUTH RD

Phone: 645 4854 Fax: / E-mail: eric@thegreybarnfarm.com

Owner: ERIC GLASGOW Address: 22 SOUTH

Phone: 508.939.0541 Fax: / E-mail: see above

Applicant: same Address: _____

Phone: _____ Fax: _____ E-mail: _____

Dates of Operation: year-round seasonal: open: 7:30 close: 6:00

Days/Hours of Operation: actual hours unknown, likely open

mornings 3-4 days/week but may add more if demand is there

Number of indoor seats: 0 Number of outdoor seats: 0

Number of staff (Maximum per shift: 2)

Approx. # of meals: breakfast: / lunch: / dinner: /

Type of Service: sit-down meals take-out catered single-use ware dishes/silverware

(actual hours will be much shorter but we are unsure of what will work best)

5. Location and containers for bulk food products (rice, flour, sugar, etc): _____

FOOD PREPARATION

From the menu, list all foods that will be:

Cold-held for service, not cooked: _____

Cooked and served: _____

Hot held prior to service: _____

Cooked and Cooled: _____

Cooked, Cooled and Reheated: _____

Handling/Preparation Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared. Describe the processes from receiving to serving including:

- *how the food will arrive (fresh, frozen, packaged, etc.)*
- *where the food will be stored*
- *where (at prep table, sink, counter) the food will be washed, cut, marinated, breaded, cooked, etc*
- *when (time of day and frequency/day) food will be handled/prepared.*

Describe handling/preparation procedures for the following categories of food (use extra pages if needed):

Ready-to-eat food (e.g. salads, cold sandwiches, raw molluscan shellfish):

Produce:

Poultry:

Meat:

Seafood:

Food Preparation Processes: Thawing, Hot/Cold Holding, Cooling, Re-heating

Thawing Frozen PHF (TCS) Food:

Check all that apply and indicate which foods/where thawing will take place:

- under refrigeration: _____
- running water <70deg F / 21deg C: _____
- microwave: _____
- cooked from frozen state: _____
- other (describe process): _____

Hot/Cold Holding:

How will **hot PHF(TCS) food** be maintained at 135° F (57° C) or above during holding for service?
 Indicate type, number, location and monitoring plan of hot holding units.

How will **cold PHF(TCS) food** be maintained at 41° F (5° C) or below during holding for service?
 Indicate type, number, location and monitoring plan of cold holding units.

REFRIGERATOR w/ THERMOMETER
 THERMOS CARAFE FOR MILK

Cooling:

Indicate method to cool PHF(TCS) food to 41° F (5° C) within 6 hours. (135° to 70° F in 2 hours) and monitoring plan for compliance.

Cooling Method	Thick Meats >1"	Thin Meats ≤1"	Hot Foods	Room Temp Foods	Other
Shallow Pans in refrigerator					
Ice baths					
Reduce size, refrigerate					
Mechanical rapid chill unit					
Other (describe method below)					

Comments: _____

Re-Heating:

How and where will PHF(TCS) foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 F for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods.

Pest Control:

- Self-closing, rodent-proof outside doors
- Screens on all entrances left open to the outside
- Windows to have a minimum #16 mesh screening

Other pest-control devices (air curtains, electrical insect devices): _____

Identify how all pipes and electrical conduit chases are sealed to be pest-proof: SEALED TRAILER

Describe outside maintenance schedule to keep area around the building, including any garbage storage area, clear of brush, litter, boxes, and other possible pest food and/or harborage:

TRAILER LOCATED ON GRAVEL PAD W/ BRUSH + PLANTS LOCATED AT LEAST 3' AWAY

Refuse, Recyclables, Returnables

Where/how will refuse/garbage be stored? ON-FARM DUMPSTER AREA W/ TRASH + RECYCLING

How, where, how often will garbage cans and floor mats/garbage storage area be cleaned? DAILY

Frequency of pickup: WEEKLY TRASH PICKUP FROM DUMPSTER

Identify location/type of grease storage containers: N/A

Is there an area to store recyclables? Describe: SEPARATE RECYCLING DUMPSTER

Water Supply

- Public Water System # _____
 Private Well If you are on a private well, please attach your well completion report, and a recent (<1 year) test for bacteria, nitrate and nitrite. *SEE PREVIOUS*
 Ice made on premises Ice purchased commercially Is ice bagged for sale? *NO*

Sewage Disposal

Attach a copy of sewage disposal system certificate of compliance, maintenance/pump-out schedule

Describe Grease trap/interceptor, if any: _____

Grease trap maintenance/pump-out schedule: _____

Backflow Prevention

	Air Gap	Air Break	Vacuum Breaker	Other
Dishwasher				
Garbage Grinder				
Ice Machine				
Ice Storage Bin				
Sinks a. mop b. 3-bay c. 2-bay d. simple				
Steam Table				
Dipper wells				
Refrigerator Drain Lines				
Hose Connection Faucets				
Potato peeler				
Beverage dispenser				
Other: <i>COFFEE</i>	✓			

Other:				
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Dishwashing Facilities

Manual Dishwashing

Length/Width/Depth of 3-bay sink: _____ / _____ / _____
 Will the largest pot and pan fit into each compartment of the sink? Yes

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments? Items may be transported to Bakery.

Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space, square feet of air-drying space: Drainboard for airpots + thermoses on sink or items may be transported to Bakery for cleaning

What type of sanitizer will be used?

Chemical: Peroxide

Hot Water: _____

Mechanical Dishwashing - If necessary in Bakery

Sanitizer: Chemical Peroxide Hot water: _____

Will ventilation be provided? _____

Other:

Describe storage facilities for employees' personal belongings: In Farmstead Building

Identify the location for the storage of poisonous or toxic materials: In separate facility

Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food while remaining easily accessible for frequent use? Food safe spray for counter wipe down in labeled bottle located above sink

Will linens be laundered on-site? If yes, what will be laundered and where? Commercial Laundry Machine on site

Identify location of clean and dirty linen storage: In farmstead. Dirty hamper emptied daily

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 Chilmark Board of Health may nullify final approval.*

Signature: 
Owner or responsible representative

Date: 6/30/23

Printed name: ERIC Glasgow

Approval of these plans and specifications by the Chilmark Board of Health does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

For Board of Health use:

Date of pre-opening inspection: _____ Date of BOH review: _____

Approved by: _____ Date: _____

Katherine L. Carroll, Chair
Chilmark Board of Health

Matthew Poole
Chilmark Board of Health

Janet L. Buhrman
Chilmark Board of Health

TRAVEL LAYOUT

