



Needham Public Health Department

178 Rosemary Street, Needham, MA 02494
www.needhamma.gov/health

781-455-7940 ext. 504
781-455-7922 (fax)



MOBILE FOOD ESTABLISHMENT – PLAN REVIEW

- 1. Plan Review - Application Requirements Checklist.....2
- 2. Permits needed to Operate a Food Establishment in the Town of Needham.....3
- 3. Application for Mobile Food Establishment Plan and Specification Review.....4-7
- Specifications:
 - A. Establishment Specifications
 - B. Physical Facilities
 - C. Hand, Warewash, and Water Facilities on the Mobile Food Establishment
 - D. Kitchen Facilities/Equipment
 - E. Garbage and Refuse
 - F. Commissary Dishwashing Facilities
- 4. Application for Mobile Food Establishment Service Permit.....8-9
- 5. Menu Statements.....10
 - 1.) Consumer Advisory
 - 2.) Food Allergy Advisory



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)





Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



PLAN REVIEW – APPLICATION REQUIREMENTS

Health Department Permit Application Checklist for Prospective Mobile Food Establishments

Food Establishment Name: _____

1. _____ Completed Needham Food Establishment Plan and Specification Review
2. _____ Include a food prep area layout plan (hand drawn copies are accepted) and a color photo of the truck in operation
3. _____ Completed Needham Food Establishment Permit Application
4. _____ Copy of MA Department of Motor Vehicles (DMV) Truck Registration
5. _____ Copy of your truck drivers MA Drivers' License
6. _____ Copy of your Food Prep/staff member's (that will be manning the establishment for the season) ServSafe Food Training certificate(s)
7. _____ Copy of your Food Prep/staff member's (that will be manning the establishment for the season) Food Allergy Training certificate(s)
8. _____ Copy of your valid MA Hawker and Peddler License
9. _____ Copy of your current valid Mobile Food Permit
(from the city/town the mobile food establishment is currently permitted in)
10. _____ Copy of your Commissary Permit
11. _____ Copy of your proposed Menu item list with food allergy and consumer advisory statements
12. _____ Copy of Trans Fat Free Fry Oil Nutrition Label (if applicable)
13. _____ Restroom agreement letter (Will you have an agreement with the private business nearby to utilize their restrooms that will be easily accessible?)
14. _____ Submit a check in the amount of _____ for the Plan Review which is non-refundable.
Department of Public Health fees are separate and in addition to Selectmen fees.
15. _____ Submit a separate check in the amount of _____ for the annual Mobile Food Permit.
16. _____ Set up a time to have the mobile food establishment inspected with a Health Department Agent.

Submit application materials to the Needham Health Department. Written plan approval must be received before any food vending in Needham, MA. The Health Department will review plans within 30 days after submitting a completed application, plans, and fees.



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)



PERMITS NEEDED TO OPERATE A FOOD ESTABLISHMENT IN THE TOWN OF NEEDHAM

Food Permits

Food Service: Where any food product is heated, opened, sliced or prepared in any way. The Food Service Permit includes frozen dessert and milk.

Frozen Dessert Machine: Machine and mix used to generate a semi solid food product or slush. The Frozen Dessert Machine also requires monthly testing – standard plate bacteria count and coliform count by a certified laboratory. Laboratory test results must be sent to the Health Department.

Retail: Products are packaged by a licensed manufacturer and remains intact until opened by the consumer.

Catering: Preparation and transportation of meals intended for individual portion service or a company preparing food in a location other than their permitted establishment.

Mobile: Self propelled vehicle-mounted food establishment or push cart.

Other Departments to Check With

Board of Selectmen: Application for Mobile Food Vendor License (Site Plan/Days/Times of Operation, etc.)

Fire Department: Propane permits. Please submit copy of permit, if applicable.



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



MOBILE FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

ESTABLISHMENT NAME _____

NAME OF VEHICLE _____

MOBILE KITCHEN CANTEEN TRUCK ICE CREAM TRUCK TRAILER PUSHCART OTHER _____

ESTABLISHMENT ADDRESS _____

ESTABLISHMENT TELEPHONE NUMBER _____ EMAIL _____

APPLICANT NAME & TITLE _____

APPLICANT TELEPHONE NUMBER _____ EMAIL _____

I HAVE SUBMITTED PLANS/APPLICATIONS TO THE FOLLOWING (INCLUDE DATE OF SUBMITTAL):

BOARD OF SELECTMEN _____ FIRE _____ OTHER _____

APPROXIMATE NUMBER OF MEALS TO BE SERVED AND HOURS OF OPERATION

| | | |
|---------------|--------------------------|-----------------------|
| # MEALS _____ | BREAKFAST (7 AM – 11 AM) | |
| # MEALS _____ | LUNCH (11 AM – 3 PM) | NUMBER OF STAFF _____ |
| # MEALS _____ | DINNER (3 PM – 8 PM) | (MAXIMUM PER SHIFT) |

DAYS OF OPERATION IN NEEDHAM:

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

VENDING LOCATION/STREET ADDRESS _____

TRANS FAT BAN:

NEEDHAM BOARD OF HEALTH HAS A TRANS FAT REGULATION. “NO FOOD SERVICE ESTABLISHMENT, VENDING MACHINE, OR MOBILE FOOD VENDOR SHALL STORE, PREPARE, DISTRIBUTE, HOLD FOR SERVICE, OR SERVE ANY FOOD OR BEVERAGE CONTAINING ARTIFICIAL TRANS FAT IN THE TOWN OF NEEDHAM.”

I AM AWARE OF THE NEEDHAM BOH TRANS FAT BAN AND THIS FOOD ESTABLISHMENT WILL OPERATE IN COMPLIANCE WITH THIS REGULATION WHEN SERVING FOOD IN NEEDHAM. YES NO

IF NO, THE HEALTH DEPARTMENT CAN PROVIDE A COPY OF THE FULL REGULATION.

A. PLEASE ENCLOSE THE FOLLOWING MOBILE FOOD SPECIFICATIONS/ITEMS:

- _____ COLOR PHOTO OF THE MOBILE FOOD ESTABLISHMENT IN OPERATION
- _____ MOBILE FOOD PREP AREA LAYOUT (HAND DRAWN COPIES ARE ACCEPTED)
- _____ COPY OF MENU WITH FOOD ALLERGY AND CONSUMER ADVISORY STATEMENTS
- _____ PHOTO OF TRANS FAT FREE FRY OIL NUTRITION LABEL (IF APPLICABLE)



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)



B. PHYSICAL FACILITIES

- WINDOWS, DOORS, & TAKEOUT WINDOWS SCREENED YES NO
- SNEEZE GUARDS AND OVERHEAD PROTECTION PROVIDED YES NO
- TYPE OF **FINISH FLOOR MATERIAL** FOOD PREP. AREA QUARRY TILE CERAMIC TILE
 VCT TILE OTHER _____
- TYPE OF **FINISH WALL MATERIAL** FOOD PREP. AREA STAINLESS STEEL CERAMIC TILE
 FRP SHEETROCK OTHER _____
- TYPE OF **FINISH CEILING MATERIAL** FOOD PREP. AREA SHEETROCK VINYL FACED
 FRP METAL OTHER _____
- LIGHT FIXTURES SHIELDED FOOD PREP. AREAS YES NO
- EMPLOYEE TOILET FACILITIES PROVIDED YES NO LOCATION _____
- EXHAUST AND VENT SYSTEM APPROVED/STICKER PRESENT YES NO
- DESCRIBE STORAGE FACILITIES FOR EMPLOYEES' PERSONAL BELONGINGS: _____

DESCRIBE FACILITIES FOR SEPARATE STORAGE OF INSECTICIDES/ RODENTICIDES/DETERGENTS/
SANITIZERS/ CLEANING AGENTS/ CAUSTICS/ ACIDS/ POLISHES/ FIRST AID SUPPLIES/ PERSONAL
MEDICATIONS: _____

GAS GENERATORS IN USE? YES NO

IF YES, WHERE IS THE GENERATOR LOCATED ON SITE? _____

IF YES, WHERE IS THE GAS STORED? _____

C. HAND, WAREWASH, AND WATER FACILITIES ON THE MOBILE FOOD ESTABLISHMENT

- SEPARATE FOOD PREPARATION SINK PRESENT YES NO
- POT SINK PROVIDED WITH DRAIN BOARDS (3 COMPARTMENTS REQUIRED) YES NO
- SEPARATE HAND WASH SINK PROVIDED AND SUPPLIED YES NO
- SOAP DISPENSERS (WALL MOUNTED, INDIVIDUAL FREE STANDING PUMP DISPENSERS)
LOCATION AND NUMBER _____
- HAND DRYING FACILITIES (PAPER TOWELS, AIR BLOWER, ETC)
LOCATION AND NUMBER _____
- COMBINATION FAUCET/MIXING VALVE (MIN 110 °F) YES NO
- SIZE OF HOLDING TANK FOR POTABLE WATER _____
- TANK MADE OF SAFE/FOOD GRADE MATERIALS YES NO
- WHERE IS THE POTABLE WATER TANK FILLED? _____
- DOES THE WATER SOURCE FOR YOUR TANK HAVE A PROPER BACK-FLOW PREVENTER? YES NO
- WHAT STEPS WILL YOU TAKE IF POTABLE WATER RUNS OUT? _____

SIZE OF WASTE HOLDING TANK _____ DRAIN PROVIDED FOR WASTE TANK YES NO



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



D. KITCHEN FACILITIES/ EQUIPMENT

FOOD EQUIPMENT IS NATIONAL SANITATION FOUNDATION APPROVED YES NO

REFRIGERATOR UNIT PROVIDED _____ N/A

(VOLUME REQUIRED = # OF MEALS x 0.85) TOTAL (FT³) HOW MANY

FREEZER UNIT PROVIDED _____ N/A

TOTAL (FT³) HOW MANY

THERMOMETERS PRESENT IN EACH COLD UNIT YES NO

IS ICE MADE ON PREMISES? YES (INCLUDE MACHINE SPECS) NO BOUGHT FROM: _____

CHECK IF TYPE OF COOKING EQUIPMENT IS PRESENT IN THE MOBILE FOOD ESTABLISHMENT:

- | | | | |
|--|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> CONVECTION OVEN | <input type="checkbox"/> STOVE | <input type="checkbox"/> GRILL | <input type="checkbox"/> PIZZA OVEN |
| <input type="checkbox"/> MICROWAVE OVEN | <input type="checkbox"/> FRYER | <input type="checkbox"/> BROILER | <input type="checkbox"/> ROTISSERIE |
| <input type="checkbox"/> STEAM KETTLES | <input type="checkbox"/> RICE COOKER | <input type="checkbox"/> OTHER _____ | |

STEAM TABLES PROVIDED YES HOW MANY _____ NO

OTHER HOT HOLDING EQUIPMENT PROVIDED: _____ N/A
TYPE HOW MANY

OTHER KITCHEN EQUIPMENT PROVIDED: _____ N/A
TYPE HOW MANY

_____ N/A
TYPE HOW MANY

E. GARBAGE AND REFUSE:

SUFFICIENT TRASH CONTAINMENT INSIDE AND OUTSIDE OF THE ESTABLISHMENT? YES NO

DO ALL CONTAINERS HAVE LIDS? YES NO

INSIDE: TYPE OF RUBBISH AND GREASE CONTAINERS: VERMIN PROOF BARRELS
 COMPACTOR OTHER _____

DESCRIBE THE LOCATION OF GREASE STORAGE RECEPTACLE _____

OUTSIDE: WILL GARBAGE CANS BE STORED OUTSIDE? YES NO

TYPE OF SURFACE GARBAGE CANS LOCATED ON: CONCRETE ASPHALT OTHER _____

HOW ARE TRASH/DEBRIS HANDLED AT THE END OF THE VENDING DAY? _____



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)



F. COMMISSARY DISHWASHING FACILITIES

WILL SINKS OR A DISHWASHER BE USED FOR WAREWASHING?

DISHWASHER

THREE COMPARTMENT SINK

BOTH

IF DISHWASHER, TYPE: HOT WATER CHEMICAL

IF HOT WATER: TEMP. OF WASH WATER _____ TEMP. OF FINAL RINSE _____

IS HEATER BOOSTER PROVIDED YES NO

IF CHEMICAL: TYPE OF CHEMICAL _____ AUTOMATIC FEED: YES NO

IF THREE COMPARTMENT SINK:

DOES THE LARGEST POT AND PAN FIT IN EACH COMPARTMENT YES NO

ARE THERE DRAIN BOARDS ON BOTH ENDS YES NO

TYPE OF SANITIZER USED: CHLORINE YES NO IODINE YES NO

QUATERNARY AMMONIUM YES NO

NOTE: PLEASE MAKE CERTAIN THAT THE CORRESPONDING SANITIZER TESTING KITS/PAPERS ARE AVAILABLE AT THE PRE-OPERATION INSPECTION.

STATEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE WITHOUT TPRIOR PERMISSION FROM THE HEALTH DEPARTMENT MAY NULLIFY THIS APPROVAL.

SIGNATURE(S) _____

DATE

OWNER(S) OR RESPONSIBLE REPRESENTATIVE(S)

APPROVAL OF THESE PLANS AND SPECIFICATIONS BY THIS HEALTH DEPARTMENT DOES NOT INDICATE COMPLIANCE WITH ANY OTHER CODE, LAW, OR REGULATIONS 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 WILL BE NECESSARY TO DETERMINE IF IT COMPLIES WITH THE LOCAL AND STATE LAWS GOVERNING FOOD SERVICE ESTABLISHMENTS.



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening date)

| 1) Establishment Name: | | | | | | | | | | | | | |
|--|--|--------------|-------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2) Establishment Address: | | | | | | | | | | | | | |
| 3) Establishment Mailing Address (if different): | | | | | | | | | | | | | |
| 4) Establishment Telephone No: | 5) Email Address: | | | | | | | | | | | | |
| 6) Applicant Name & Title: | | | | | | | | | | | | | |
| 7) Applicant Address: | | | | | | | | | | | | | |
| 8) Applicant Telephone No: | 9) 24 Hour Emergency Phone No: | | | | | | | | | | | | |
| 10) Owner Name & Title (if different from applicant): | | | | | | | | | | | | | |
| 11) Owner Address (if different from applicant): | | | | | | | | | | | | | |
| 12) Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal Entity | 13) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Name</th> <th style="width:35%;">Title</th> <th style="width:30%;">Home Address</th> </tr> </thead> <tbody> <tr><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td></tr> <tr><td>-----</td><td>-----</td><td>-----</td></tr> </tbody> </table> | Name | Title | Home Address | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| Name | Title | Home Address | | | | | | | | | | | |
| ----- | ----- | ----- | | | | | | | | | | | |
| ----- | ----- | ----- | | | | | | | | | | | |
| ----- | ----- | ----- | | | | | | | | | | | |
| 14) Landlord contact info. (Name, address, phone): | | | | | | | | | | | | | |
| 15) Person Directly Responsible For The Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.) | | | | | | | | | | | | | |
| Name & Title: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| Telephone No: | Fax: | | | | | | | | | | | | |
| Emergency Telephone No: | Email: | | | | | | | | | | | | |
| 16) District or Regional Supervisor (if applicable) | | | | | | | | | | | | | |
| Name & Title: | | | | | | | | | | | | | |
| Address: | Email: | | | | | | | | | | | | |
| Telephone No: | Fax: | | | | | | | | | | | | |
| 17) Water Source: | 18) Sewage Disposal: | | | | | | | | | | | | |
| DEP Public Water Supply No. (if applicable): | | | | | | | | | | | | | |
| 19) Days and Hours of Operation: | 20) No. of Food Employees: | | | | | | | | | | | | |
| 21) Name of Person in Charge Certified in Food Protection Management: | | | | | | | | | | | | | |
| Please attach copy of current certificate. <i>Application will not be processed without it.</i> | | | | | | | | | | | | | |
| 22) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| 23) Establishment Type (check all that apply): | | | | | | | | | | | | | |
| <input type="checkbox"/> Mobile Kitchen <input type="checkbox"/> Canteen Truck <input type="checkbox"/> Ice Cream Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Pushcart <input type="checkbox"/> Food Delivery <input type="checkbox"/> Caterer <input type="checkbox"/> Other _____ | | | | | | | | | | | | | |
| 24) Length of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates/Time: <input type="checkbox"/> Temporary/Dates/Time: | 25) Trash/Dumpster pick-up schedule: Dumpster company name/phone number: 26) Grease pick-up schedule: Grease company name/phone number: | | | | | | | | | | | | |



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
 www.needhamma.gov/health 781-455-0892 (fax)



| | | |
|---|---|---|
| 27) Food Operation (check all that apply) | Definitions: PHF - Potentially Hazardous food (time/temperature controls required) Non-PHF's - non-potentially hazardous food (no time/temperature controls required) RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing) | |
| <input type="checkbox"/> Sale of Commercially Pre-Packaged Non - PHF's | <input type="checkbox"/> PHF Cook To Order | <input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Hold for More Than a Single Meal Service |
| <input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's | <input type="checkbox"/> Preparation of PHF's for Hot and Cold Holding For Single Meal Service | <input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility |
| <input type="checkbox"/> Delivery of Packaged PHF's | <input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Customer | <input type="checkbox"/> Vacuum Packaging/Cook Chill |
| <input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours | <input type="checkbox"/> Customer Self-Service | <input type="checkbox"/> Use of Process Requiring A Variance and/or HACCP Plan (including bare hand contact alternatives, time as a public health control) |
| <input type="checkbox"/> Customer Self-Service of Non-PHF 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"/> Preparation of Non-PHF's | <input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale | <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service |
| <input type="checkbox"/> Other (Describe) | <input type="checkbox"/> Offers RTE PHF in Bulk Quantities | <input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food |
| | | <i>To be completed by Health Department -</i> Total Permit Fee: \$ _____ Payment due with application. (Check made payable to the Town of Needham.) |

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 other applicable law. I have been instructed by the Health Department on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

28) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

29) Social Security Number or Federal ID: _____

30) Signature of Individual or Corporate Name: _____



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492
www.needhamma.gov/health

781-455-7500 ext. 511
781-455-0892 (fax)



Menu Statements:

1. Consumer Advisory Requirements

Applicability: The consumer advisory is intended to apply to all food establishments where ready-to-eat (RTE) raw or undercooked animal foods or RTE foods containing raw or undercooked animal foods are sold or served to the public. The goal of the reminder is to inform the consumer of the risks of eating raw or undercooked foods. Statements can be on the menu, a placard, a table tent, a brochure, pamphlet, or by other written means.

Text size: Text size for hand held menus or table tents should be equivalent to 11 point font (this line is written in 11 point font).

Disclosure: Disclose what items may be undercooked

- i) Use leading statements (raw, rare, "cooked to order") OR
- ii) Asterisk (*) the foods in question (New York Strip Steak*) AND
- iii) Adjust menu to reflect the above OR in the absence of a menu, provide in written format to consumer

Examples:

- i) "Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions."
- ii) * "Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness."
- iii) When using a pamphlet as a reminder: * "Regarding the safety of these items, written information is available upon request."

2. Food Allergy Advisory Requirements

- a) An allergen poster is required to be displayed conspicuously for employees. The allergen poster reminds employees of the eight major food allergens and describes what to do in the case of a suspected allergic reaction. The allergen poster was created by Food Allergy Research and Education (FARE) and is available here: <https://www.foodallergy.org/file/restaurant-poster-lowres-faan.pdf>
- b) Restaurants are also required to put the following statement on their menu: **"Before placing your order, please inform your server if a person in your party has a food allergy."**
- c) Food establishments must have at least one certified food protection manager (this usually means a supervisor (ServSafe or similarly trained) who is certified as having viewed a specific food allergen awareness video supplied by the state/FAAN. The certification costs \$10 and is valid for five years.

The law applies to "all food establishments in Massachusetts that cook, prepare, or serve food intended for immediate consumption either on or off the premises." If you are interested in more about the law, you can find information on the Massachusetts' Department of Public Health website. The legislation is identified as 105 CMR 590.009(H).