



# Massachusetts Performance Standards for Local Public Health

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## Self-Assessment Tool



# Performance Standards for Local Public Health Self-Assessment

## Overview

### About the Performance Standards for LPH Self-Assessment

This Self-Assessment aims to allow municipalities to easily assess their ability or progress towards achieving different time points. The results can be used to determine where to prioritize resources, start discussions with your community, and track changes and progress made over the two time points.

### Useful Links

[Self-Assessment Tool and Self-Assessment Addendum Webpage](#)

[Performance Standards for Local Public Health](#)

[Capacity Assessment Interactive Data Dashboard](#)

[Massachusetts Public Health Excellence Shared Services Grant Program Capacity Assessment Summary Report](#)

### Support

If you have any questions about how to complete this self-assessment or need support, please do not hesitate to submit a **Technical Assistance Request Form** using the link below.

[Technical Assistance Request Form](#)



the Massachusetts Performance Standards for Local Public Health at two  
with municipal leadership on areas of need, see if a Shared Services  
points.



ate to contact Christina Moore ([Christina.Moore3@mass.gov](mailto:Christina.Moore3@mass.gov)) and/or

# Performance Standards for Local Public Health Self-Assessment

## Instructions

### Overall Instructions

*To complete this self-assessment, please follow the directions below. Once a tab has been completed, click on the "Response #2 Results" tab depending on which response has been completed.*

- Navigate to subject area tabs 4-11 to view the Performance Standards in the corresponding "Response #1" column.
  - Read the directions outlined in the "Directions" column, when applicable.
  - **Ensure you respond to ALL questions in the tab before reviewing the results in the "Response #2 Results" column.**
  - All "Response" cells highlighted in light blue indicate it is associated with skip logic.
  - Repeat steps above for "Response #2". When completed, view the change in results in the "Response #2 Results" column.
- NOTE:** all sheets are protected to limit editing of this workbook to "Response #1". To edit a sheet, click on the tab and select, "Protect Sheet..." to lock the sheet again.

### Completion Considerations

The phrase "in the last five years" is meant to help determine if the questions are relevant to your jurisdiction's health response and occurred in your jurisdiction (e.g., In the last five years, has your Health Department issued a revocation of a license to operate? (105 CMR 440). If an event described in a Baseline Condition is not applicable, the prefix should not be used to assess your overall capabilities over the past five years; instead, use the phrase "not applicable".

### Descriptions of the Performance Standards for LPH Self-Assessment Tabs

- |   |                                     |                                                                    |
|---|-------------------------------------|--------------------------------------------------------------------|
| 1 | <a href="#"><u>About</u></a>        | Review this tab to understand the purpose of the self-assessment.  |
| 2 | <a href="#"><u>Instructions</u></a> | [Current Tab] Instructions on how to complete the self-assessment. |

|    |                                                       |                                      |
|----|-------------------------------------------------------|--------------------------------------|
| 3  | <a href="#"><u>All Questions</u></a>                  | See all of the questions in the Perf |
| 4  | <a href="#"><u>Administration</u></a>                 | Tab to respond to all of the Admini  |
| 5  | <a href="#"><u>Community Sanitation</u></a>           | Tab to respond to all of the Commu   |
| 6  | <a href="#"><u>Disease Control and Prevention</u></a> | Tab to respond to all of the Disease |
| 7  | <a href="#"><u>Environmental Protection</u></a>       | Tab to respond to all of the Enviror |
| 8  | <a href="#"><u>Food Protection</u></a>                | Tab to respond to all of the Food Pi |
| 9  | <a href="#"><u>Housing</u></a>                        | Tab to respond to all of the Housin, |
| 10 | <a href="#"><u>Tobacco Use Prevention</u></a>         | Tab to respond to all of the Tobacc  |
| 11 | <a href="#"><u>Other</u></a>                          | Tab to respond to all of the Other c |
| 12 | <a href="#"><u>Response #1 Results</u></a>            | See the results for subject areas th |
| 13 | <a href="#"><u>Response #2 Results</u></a>            | See the results for subject areas th |
| 14 | <a href="#"><u>Response Trends</u></a>                | See the change in responses from f   |

## Assessment

*When fully completed, the associated result for that subject area will be calculated on either the "12. Response #1 Results" or "13. Response*

*responding subject areas. In each tab, read the "Performance Standard Question" and enter your municipality's response in the "Response*

*either the "12. Response #1 Results" or "13. Response #2 Results" tab depending on which response has been completed.*

*Specific, so please review the directions in the corresponding "Directions" cell of the same row.*

*Responses in the "14. Response Trends" tab.*

*"1" and "Response #2" columns. If you would like to unlock any sheet, right click on the tab and select, "Unprotect Sheet...". Similarly, right click*

*Respond to your local health department. It only applies to the public health situations or rare events that triggered an inspection or other public health Department/Board of Health granted any variances or conducted any hearings to modify or withdraw an order for suspension or capacity Assessment question has not occurred in the last five years, please select the "Not Applicable" option. The "in the last five years" heading, respond to each question based on your **current** ability to carry out the actions described in the Performance Standard.*

*Purpose of the Performance Standards for LPH Self-Assessment*

*to fill out the Performance Standards for LPH Self-Assessment and a navigable table of contents.*

Performance Standards for LPH (no responses required).

Sanitation-specific questions.

Community Sanitation-specific questions.

Control and Prevention-specific questions.

Environmental Protection-specific questions.

Protection-specific questions.

g-specific questions.

o Use Prevention-specific questions.

questions.

at have been fully completed for **Response #1**.

at have been fully completed for **Response #2**.

Response #1 to Response #2 and the associated trends.

# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment All Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for all of the subject areas. Read the question in the "Performance Sta*

- Read the directions outlined in the "Directions" column, when applicable.

### All Performance Standards for LPH Questions

| # | Subject Area   | Performance Standard Question                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | Administration | 5. In the last five years, has your Health Department/Board of Health filed with the Environmental Protection (DEP) attested copies of sanitary codes, all rules, regulations, and standards which have been adopted, and any amendments and additions for the maintenance of a central register in accordance with section eight of chapter twenty-one A AND can provide documentation of submittal? (M.G.L. c. 111, s. 31).                                                  |
| 6 | Administration | 6. In the last five years, has your Health Department/Board of Health held a public hearing, of which notice was published in a local newspaper, regarding regulations or amendments to regulations that relate to the minimum requirements for subsurface disposal of sanitary sewage as provided by the state environmental code? (M.G.L. c. 111, s. 31)                                                                                                                     |
| 7 | Administration | 7. At a public hearing, prior to the adoption of any such regulation or amendment which exceeds the minimum requirements for subsurface disposal of sanitary sewage as provided by the state environmental code, does your Health Department/Board of Health state the local conditions which exist or reasons for exceeding such minimum requirements? (M.G.L. c. 111, s. 31)                                                                                                 |
| 8 | Administration | 8. Does your Health Department/Board of Health annually publish a list of hazardous chemicals present in the municipal water supply in concentrations greater than fifty percent of the suggested action guidelines (the suggested no adverse response levels or the maximum contaminant levels established by the United States Environmental Protection Agency) AND post the list in a town or city hall and at the offices of the Water Department? (M.G.L. c. 111, s. 26F) |
| 9 | Other          | 9. In the last five years, has your Board of Health appointed Agents or Directors of Public Health to act on behalf of the Board of Health in cases of emergency or if the Board of Health could not conveniently assemble? (M.G.L. c. 111, s. 30)                                                                                                                                                                                                                             |

|    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 | Administration           | 10. Within two days, does the appointee report to the Board of Health on actions performed in case of emergency on behalf of the Board of Health? (M.G.L. c. 111, s. 30)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 11 | Other                    | 11. In the last five years, has your Health Department/Board of Health made reasonable health regulations? (M.G.L. c. 111, s. 31)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12 | Administration           | 12. Prior to enacting any regulation that impacts (i) farmers markets; (ii) farms; (iii) the non-commercial keeping of poultry, livestock or bees; or (iv) the non-commercial production of fruit, vegetables or horticultural plants, does your Health Department/Board of Health provide the municipal Agricultural Commission with a copy of the proposed regulation and a 45-day review period? (M.G.L. c. 111, s. 31)                                                                                                                                                                                                                                             |
| 13 | Other                    | 13. Does your Board of Health nominate Animal Inspectors? (M.G.L. c. 129, s. 15)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 14 | Administration           | 14. In the last five years, within 45 days after submission of a preliminary plan for residential and nonresidential subdivisions, has your Health Department/Board of Health notified the applicant and the town or city clerk by certified mail or directly by hand with a certificate of service that the plan has either: (1) been approved, or that the plan has been approved with modifications suggested by the Health Department/Board of Health or agreed upon by the person submitting the plan OR (2) the plan has been disapproved, and in the case of disapproval, the Health Department/Board of Health provided detailed reasons(M.G.L. c. 41, s. 81S) |
| 15 | Environmental Protection | 15. In the last five years, upon receiving a written complaint (any act, neglect or fault in relation to any drain, water closet, earth closet, privy, ash pit, water supply, nuisance or other matter in any industrial establishment) from an Inspector (e.g., municipal, state, or industry inspector) regarding an industrial establishment, did your Health Department/Board of Health investigate and enforce the associated laws? (M.G.L. c. 149, s.136)                                                                                                                                                                                                        |
| 16 | Administration           | 16. In the last five years, to avoid service shut off, has your Health Department/Board of Health certified in writing to gas and electric companies any residences where a serious illness existed and the customer could not afford to pay an overdue bill because of financial hardship? (M.G.L. c. 164, s.124A)                                                                                                                                                                                                                                                                                                                                                    |
| 17 | Administration           | 17. In six of the last twelve months, has your Board of Health consisted of at least three individuals and, if you are in a city, one of whom is a physician? (M.G.L. c. 111, s. 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 18 | Administration           | 18. Does your Board of Health annually organize and elect a Chairman, as recorded in your meeting minutes? (M.G.L. c. 111, s. 27)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 19 | Skip Logic               | 19. In your city, has the mayor, with the approval of city council (unless otherwise provided in the city charter), ever appointed a Commissioner of Health; OR in your town, has the board of selectmen, if authorized by a vote of the town, ever appointed a Commissioner of Health? (M.G.L c.111, s. 26B)                                                                                                                                                                                                                                                                                                                                                          |
| 20 | Administration           | 20. Has your municipal Commissioner of Health made rules and regulations for your municipal Department of Health and its officers, agents, and assistants? (M.G.L. c. 111, s. 26E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 24 | Tobacco Use Prevention   | 24. Does your Health Department/Board of Health issue annual permits/licenses for the retail sale of tobacco and electronic nicotine delivery systems? (105 CMR 665)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

|    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25 | Tobacco Use Prevention | 25. Does your Health Department/Board of Health/Tobacco Control Program enforce 105 CMR 665 or any approved local regulations for the retail sale of tobacco products and electronic nicotine delivery systems? (105 CMR 665)                                                                                                                                                                                                                                                             |
| 26 | Tobacco Use Prevention | 26. Does your Health Department/Board of Health/Tobacco Control Agent conduct inspections and compliance checks of tobacco retailers, utilizing department staff or appointed Tobacco Agents/Consultants? (105 CMR 665)                                                                                                                                                                                                                                                                   |
| 27 | Skip Logic             | 27. Is your municipality part of a regional effort for tobacco control? (105 CMR 665)                                                                                                                                                                                                                                                                                                                                                                                                     |
| 28 | Tobacco Use Prevention | 28. In the last five years, has your Health Department/Board of Health/Tobacco Control Agent had to enforce, including providing fines (as outlined 105 CMR 665 or local regulations) and hold hearings for the suspension or revocation of permits/licenses to sell tobacco products and electronic nicotine delivery devices? (105 CMR 665)                                                                                                                                             |
| 29 | Tobacco Use Prevention | 29. Does your Health Department/Board of Health/Tobacco Control Coalition enforce M.G.L. c. 270, s. 27 (ensuring liquid or gel substances containing nicotine have child-resistant packaging) by issuing civil penalties for violations through non-criminal disposition? (M.G.L. c. 270, s. 27)                                                                                                                                                                                          |
| 30 | Tobacco Use Prevention | 30. Does your Health Department/Board of Health enforce the prohibition of selling tobacco rolling papers to anyone under the age of 21 by fine or suspension? (M.G.L. 270, Section 6A)                                                                                                                                                                                                                                                                                                   |
| 31 | Tobacco Use Prevention | 31. Does your Health Department/Board of Health enforce the 2019 An Act Modernizing Tobacco Control and the 2020 updates on An Act Modernizing Tobacco Control for the sale of electronic nicotine delivery devices? (Chapter 133 of the Acts of 2019)                                                                                                                                                                                                                                    |
| 32 | Tobacco Use Prevention | 32. In the last five years, has your Health Department/Board of Health taken any enforcement actions (fined, held an enforcement hearing, suspended licenses, etc.) related to flavored tobacco prohibition or e-cigarette restrictions? (Chapter 133 of the Acts of 2019)                                                                                                                                                                                                                |
| 33 | Tobacco Use Prevention | 33. Does your Health Department/Board of Health/Tobacco Control Coalition provide an annual report to the Department of Public Health (DPH) Commissioner that includes:<br><br>(1) the number of citations issued regarding M.G.L. c. 270, s. 22<br>(2) the workplaces that have been issued citations and the number of citations issued to each workplace<br>(3) the amount that each workplace has been fined<br>(4) the total amount collected in fines<br><br>(M.G.L. c. 270, s. 22) |
| 34 | Tobacco Use Prevention | 34. Does your Health Department/Board of Health enforce the restrictions on workplace smoking and outdoor smoking following a complaint? (105 CMR 661)                                                                                                                                                                                                                                                                                                                                    |
| 35 | Tobacco Use Prevention | 35. In the last five years, has your Health Department/Board of Health taken any enforcement action pursuant to 105 CMR 661.400(B) (issuing a fine or revoking or suspending the license on a building, vehicle, or vessel)? (105 CMR 661)                                                                                                                                                                                                                                                |
| 36 | Community Sanitation   | 36. In the last five years, has your Health Department/Board of Health examined all complaints of nuisances, sources of filth, and causes of sickness within your municipality that, in your opinion, may be injurious to the public health? (M.G.L. c. 111, s. 122)                                                                                                                                                                                                                      |

|    |                                |                                                                                                                                                                                                                                                                                                                                                                                 |
|----|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37 | Community Sanitation           | 37. In the last five years, has your Health Department/Board of Health logged all of the complaints received related to nuisances, sources of filth, and causes of sickness? (M.G.L. c. 111, s. 122)                                                                                                                                                                            |
| 38 | Community Sanitation           | 38. In the last five years, has your Health Department/Board of Health taken action (issue orders or act upon) for the destruction, removal, or prevention of all confirmed nuisances, sources of filth, and causes of sickness in your municipality as the case required? (M.G.L. c. 111, s. 122)                                                                              |
| 39 | Disease Control and Prevention | 39. In the last five years, has your Health Department/Board of Health ever utilized the provisions in M.G.L. c. 111, s. 109 to supervise or carry out the disinfection of a house upon receiving notice of the death, recovery, or removal of such person with a disease dangerous to the public health? (M.G.L. c. 111, s.109)                                                |
| 41 | Disease Control and Prevention | 41. Within the last five years, upon receiving an application, did your Health Department/Board of Health provide access to an anti-rabic vaccine and anti-rabic treatment free of charge to any uninsured resident who had or may have been exposed to rabies? (M.G.L. c.140, s.145A)                                                                                          |
| 42 | Disease Control and Prevention | 42. Does your Health Department/Board of Health report cases of disease (pursuant to 105 CMR 300.100) via MAVEN to DPH, including full clinical data, demographic data, and epidemiological data, as defined by DPH, no later than 24 hours after receipt? (105 CMR 300)                                                                                                        |
| 43 | Disease Control and Prevention | 43. In the last five years, has your Health Department/Board of Health reported the existence of a domestic animal affected with, or suspected to be affected with, a contagious disease to the Massachusetts Department of Agricultural Resources (MDAR), Bureau of Animal Health as required under M.G.L. c. 129, s. 28? (105 CMR 300)                                        |
| 44 | Disease Control and Prevention | 44. In the last five years, has your Health Department/Board of Health reported immediately via MAVEN (or by telephone if indicated by DPH), a case of unusual illness or cluster or outbreak of disease, including the full demographic, clinical, epidemiologic, and laboratory information of each case? (105 CMR 300)                                                       |
| 45 | Disease Control and Prevention | 45. In the last five years, has your Health Department/Board of Health notified DPH of any case of confirmed tuberculosis or clinically suspected tuberculosis within 24 hours? (105 CMR 300)                                                                                                                                                                                   |
| 46 | Disease Control and Prevention | 46. In the last five years, has your Health Department/Board of Health reported cases of disease pursuant to 105 CMR 300.180(C) to DPH within 24 hours? (105 CMR 300)                                                                                                                                                                                                           |
| 47 | Disease Control and Prevention | 47. In the last five years, has your Health Department/Board of Health complied with the provisions of 105 CMR 300.200 and 105 CMR 300.210 (B through I) when implementing isolation or quarantine? (105 CMR 300)                                                                                                                                                               |
| 48 | Disease Control and Prevention | 48. In the last five years, has your Health Department/Board of Health certified to the Department of Public Health Commissioner or documented in MAVEN any non-hospitalized person who (1) is affiliated with active tuberculosis, (2) is unwilling or unable to accept proper medical treatment, and (3) is thereby a serious danger to public health? (M.G.L. c. 111, s.94A) |
| 52 | Disease Control and Prevention | 52. Does your Health Department/Board of Health have a nurse who works directly with reporting, surveillance, isolation, and quarantine requirements for specific diseases, including tuberculosis (TB)? (105 CMR 365)                                                                                                                                                          |
| 53 | Community Sanitation           | 53. Does your Health Department/Board of Health enforce the State Sanitary Code as outlined in 105 CMR 400? (105 CMR 400)                                                                                                                                                                                                                                                       |

|    |                          |                                                                                                                                                                                                                                                                                                                                                                            |
|----|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 54 | Environmental Protection | 54. In the last five years, did any air pollution issue(s)/complaint(s) result in your Health Department/Board of Health assisting the Massachusetts DEP or the Environmental Protection Agency to address the issue, including holding a public hearing? (310 CMR 7)                                                                                                      |
| 55 | Skip Logic               | 55. Do you have any public or semi-public Bathing Beaches in your municipality that are not monitored by the state?                                                                                                                                                                                                                                                        |
| 56 | Community Sanitation     | 56. Does your Health Department/Board of Health enforce 105 CMR 445 (identify sampling locations at each public and semi-public beach and collect bacteriologic samples from identified sampling locations within five days immediately preceding the opening of the bathing season)? (105 CMR 445)                                                                        |
| 57 | Community Sanitation     | 57. Does your Health Department/Board of Health report the results of all testing, monitoring, and analysis of bathing water to DPH no later than October 31st of each year? (105 CMR 445)                                                                                                                                                                                 |
| 58 | Community Sanitation     | 58. When Bathing Beach samples are outside of the acceptable range, does your Health Department/Board of Health post a warning for the public, make lab results of the samples available to the public, and close the beach? (105 CMR 445)                                                                                                                                 |
| 59 | Community Sanitation     | 59. Does your Health Department/Board of Health test, monitor, and/or analyze all bathing waters within the municipality at least weekly, or as specified in an approved variance, during the bathing season and report all results to DPH? (M.G.L. c. 111, s. 5S)                                                                                                         |
| 60 | Community Sanitation     | 60. When your Health Department/Board of Health discovers a violation of standards for Bathing Beaches, do you notify the DPH no later than 24 hours after such discovery? (M.G.L. c. 111, s. 5S)                                                                                                                                                                          |
| 61 | Community Sanitation     | 61. Does your Health Department/Board of Health post signs immediately (no later than 24 hours) after the discovery of a violation of standards for Bathing Beaches? (M.G.L. c. 111, s. 5S)                                                                                                                                                                                |
| 62 | Community Sanitation     | 62. Does your Health Department/Board of Health review a request (within 24 hours) to conduct testing, monitoring, and analysis of bathing waters when there is reason to believe that an alleged violation of standards established by M.G.L. c. 111, s. 5S has occurred? (M.G.L. c. 111, s. 5S)                                                                          |
| 63 | Other                    | 63. Within the last five years, if requested, has your Health Department/Board of Health issued emergency permits to trap beavers for no longer than 10 days if it was determined a threat to human life or safety existed? (M.G.L. c.131, s. 80A)                                                                                                                         |
| 64 | Other                    | 64. If beaver-caused flooding is a threat to human health and safety, and has not been alleviated within 10 days, in conjunction with the applicant or the duly authorized agent, do you apply to the Director of Fisheries and Wildlife for an extension permit to continue the use of alleviation techniques, for a period not exceeding 30 days? (M.G.L. c.131, s. 80A) |
| 65 | Community Sanitation     | 65. Does your Health Department/Board of Health receive death certificates and transmit such certificates to the municipal clerk? (M.G.L. c. 46, s. 11)                                                                                                                                                                                                                    |
| 66 | Community Sanitation     | 66. Within the last five years, has your Health Department/Board of Health provided permits for the burial of a human body which has not been buried? (M.G.L. c. 114, s. 45)                                                                                                                                                                                               |

|    |                      |                                                                                                                                                                                                                                                                                                                                                                                 |
|----|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 67 | Community Sanitation | 67. In the last five years, has your Health Department/Board of Health provided permits for the disposal of a human body which has not been buried? (M.G.L. c. 114, s. 45)                                                                                                                                                                                                      |
| 68 | Community Sanitation | 68. Within the last five years, has your Health Department/Board of Health provided permits to exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb (other than the receiving tomb) to another in the same cemetery? (M.G.L. c. 114, s. 45)                                                                                   |
| 69 | Community Sanitation | 69. In the last five years, has your Health Department/Board of Health provided written permission for land to be used for burial, after notice was given to all persons interested, and a hearing was held (except in the case of the erection or use of a tomb on private land for the exclusive use of the family or the owner)? (M.G.L. c. 114, s. 34)                      |
| 70 | Community Sanitation | 70. Does your Health Department/Board of Health annually, on or before May 1st, license/renew licenses for funeral directors? (M.G.L. c. 114, s. 49)                                                                                                                                                                                                                            |
| 71 | Community Sanitation | 71. Upon the issuance of licenses to funeral directors, does your Health Department/Board of Health immediately send the names and addresses of those licensed to the Board of Registration in Embalming and Funeral Directing? (M.G.L. c. 114, s. 49)                                                                                                                          |
| 72 | Community Sanitation | 72. Is your fee for funeral director licenses less than \$100 per year? (M.G.L. c. 114, s. 49)                                                                                                                                                                                                                                                                                  |
| 73 | Other                | 73. Does your Health Department/Board of Health have an environmental monitoring plan on file for each low-level radioactive waste facility as defined in 105 CMR 120.800? (105 CMR 120)                                                                                                                                                                                        |
| 74 | Skip Logic           | 74. Does your municipality have any Family Type Campgrounds? (105 CMR 440)                                                                                                                                                                                                                                                                                                      |
| 75 | Community Sanitation | 75. Does your Health Department/Board of Health issue annual licenses for the operation of Family Type Campgrounds? (105 CMR 440)                                                                                                                                                                                                                                               |
| 76 | Community Sanitation | 76. Does your Health Department/Board of Health conduct annual site inspections to assure compliance with applicable sections of 105 CMR 440.000 (e.g., water, sewage, camp sites, Safari Fields, eating/drinking establishments, showers, swimming pools, and bathing beaches) in accordance with 105 CMR 435.000 & 105 CMR 445.000 respectfully, if applicable? (105 CMR 440) |
| 77 | Community Sanitation | 77. In the last five years, has your Health Department/Board of Health granted any variances or conducted any hearings to modify or withdraw an order for suspension or revocation of a license to operate? (105 CMR 440)                                                                                                                                                       |
| 78 | Skip Logic           | 78. Does your municipality have any Farm Labor Camps?                                                                                                                                                                                                                                                                                                                           |
| 79 | Community Sanitation | 79. If a written complaint regarding violations of the sanitary code for Farm Labor Camps is filed with your Health Department/Board of Health, do you forward said complaint to DPH? (M.G.L. c. 111, s. 128G)                                                                                                                                                                  |
| 80 | Community Sanitation | 80. When a Farm Labor Camp inspection is delegated to your Health Department/Board of Health by DPH, do you conduct the inspection and file the report with DPH annually? (M.G.L. c. 111, s. 128G)                                                                                                                                                                              |

|    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 81 | Community Sanitation | 81. Upon a request to conduct inspections for Farm Labor Camps, does your Health Department/Board of Health use the DPH prescribed form, send notice to DPH within the allotted 30 days, and ensure a valid corrective order annually, prior to opening? (105 CMR 420)                                                                                                                                                                                                                                                                                                                                             |
| 82 | Skip Logic           | 82. In the last five years, has your municipality had any seasonal, temporary, or permanent food establishments?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 83 | Food Protection      | 83. Does your Health Department/Board of Health inspect all food establishments once every six months or on a risk-based schedule AND at least once per year for temporary or seasonal establishments? (2013 Merged Food Code)                                                                                                                                                                                                                                                                                                                                                                                     |
| 84 | Food Protection      | 84. Are ALL of the individuals that perform food inspections for your Health Department/Board of Health knowledgeable in foodborne disease prevention, the application of the Hazard Analysis and Critical Control Points (HACCP) principles and requirements of 105 CMR 590.000 as they relate to food establishments by either having passed a certified food protection manager or certified food safety professional test that is accredited by DPH, OR is a Registered Sanitarian, Registered Environmental Health Specialist, or Certified Health Officer who has completed food safety inspection training? |
| 85 | Food Protection      | 85. Does your Health Department/Board of Health issue variances for different food processes (e.g., smoked food, curing food, using food additives, reduced oxygen packaging, operating a molluscan shellfish life support system display tank, sprouting seeds or beans) or any other variances? (2013 Merged Food Code)                                                                                                                                                                                                                                                                                          |
| 88 | Food Protection      | 88. In the last five years, has your Health Department/Board of Health conducted food establishment plan reviews for new establishments prior to opening? (105 CMR 590)                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 89 | Food Protection      | 89. When requested, does your Health Department/Board of Health comply with DPH reporting requirements (the total number of food establishment permits issued, routine inspections conducted, number of full time equivalent food inspectors that you have including contractors, number of variances that the Board of Health gave in the previous 12 months, copies of innovative operations the Board of Health approved, and results of school kitchen inspections)? (105 CMR 590)                                                                                                                             |
| 90 | Skip Logic           | 90. Does your municipality have any milk pasteurization plants or manufacturers of frozen desserts or frozen dessert mixes that sell at wholesale or retail? (105 CMR 500)                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 91 | Food Protection      | 91. Does your Health Department/Board of Health license milk pasteurization plants or manufacturers of frozen desserts or frozen dessert mixes that sell at wholesale or retail in your municipality? (105 CMR 500)                                                                                                                                                                                                                                                                                                                                                                                                |
| 92 | Food Protection      | 92. Does your Health Department/Board of Health, as appropriate, send establishments that make frozen desserts and/or frozen dessert mixes in your municipality a written notice whenever two of the last four consecutive tests for bacterial limit counts or coliform determinations taken on separate days exceed safe limits? (105 CMR 500)                                                                                                                                                                                                                                                                    |
| 93 | Food Protection      | 93. Does your Health Department/Board of Health license establishments for the manufacturing or proposal to manufacture frozen desserts, frozen dessert mixes, or either in February of each year (excluding manufacturing for wholesale distribution)? (M.G.L. c. 94, s. 65H)                                                                                                                                                                                                                                                                                                                                     |
| 94 | Food Protection      | 94. Does your Health Department/Board of Health inspect the sanitary conditions of an establishment annually, following the receipt of a milk pasteurization establishment's written application for a license to pasteurize milk, and license said establishment? (M.G.L. c. 94, s. 48A)                                                                                                                                                                                                                                                                                                                          |

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| 95  | Food Protection          | 95. If a licensed establishment (milk pasteurization plant) is deemed to be operated or maintained in an unsanitary manner (in violation of any rules and regulations, or not properly equipped for the business of pasteurizing milk), does your Health Department/Board of Health close said establishment until it is found to be in a condition that conforms with requirements? (M.G.L. c. 94, s. 48A) |
| 98  | Food Protection          | 98. Does your Health Department/Board of Health notify DPH of any suspected transmission of disease through food to any person in any place that prepares, processes or distributes food for sale in your municipality, AND restrict people in said places or close the facility until it is deemed safe to reopen? (105 CMR 500)                                                                           |
| 99  | Food Protection          | 99. Does your Health Department/Board of Health inspect any Retail Dealers (seafood) in your municipality prior to their licensure with DPH? (105 CMR 500)                                                                                                                                                                                                                                                  |
| 100 | Food Protection          | 100. Does your Health Department/Board of Health provide permits to facilities located in or to be located in your municipality that are manufacturing or bottling carbonated non-alcoholic beverages or water, both carbonated and non-carbonated, for human consumption? (M.G.L. c. 94, s. 10A)                                                                                                           |
| 101 | Food Protection          | 101. Within the last five years, has your Health Department/Board of Health inspected all cold storage or refrigerating warehouses, including inspecting the entry of articles of food relative to cold storage laws? (M.G.L. c. 94, s. 67)                                                                                                                                                                 |
| 103 | Food Protection          | 103. Does your Health Department/Board of Health ensure tags are present on all shellfish and if no tags are present, embargo the product? (M.G.L. c. 130, s. 80-81)                                                                                                                                                                                                                                        |
| 104 | Food Protection          | 104. In the last five years, has your Health Department/Board of Health enforced statutes and regulations relative to the adulteration and misbranding of food? (M.G.L. c. 94, ss.186-195)                                                                                                                                                                                                                  |
| 105 | Food Protection          | 105. Does your Health Department/Board of Health take samples of food believed to be misbranded or adulterated? (M.G.L. c. 94, ss.186-195)                                                                                                                                                                                                                                                                  |
| 106 | Environmental Protection | 106. In the last five years, has your Health Department/Board of Health notified DEP following the receipt of an application to assign a place as a site for a hazardous waste facility? (M.G.L. c. 111, s. 150B)                                                                                                                                                                                           |
| 107 | Environmental Protection | 107. In the last five years, following a public hearing, has your Health Department/Board of Health assigned sites for the storage, treatment, or disposal of hazardous waste (this does not include special collection sites)? (M.G.L. c. 111, s. 150B)                                                                                                                                                    |
| 108 | Skip Logic               | 108. Does your municipality have any motels or manufactured housing communities, overnight camps or cabins, or recreational camps? Please select all that apply.                                                                                                                                                                                                                                            |
| 109 | Housing                  | 109. Does your Health Department/Board of Health grant or renew licenses for recreational camps, overnight camps or cabins, motels or manufactured housing communities, which expire on December 31st of the year issued? (M.G.L. c. 140, s. 32B)                                                                                                                                                           |
| 110 | Community Sanitation     | 110. Does your Health Department/Board of Health notify DEP of the granting or renewal of licenses for recreational camps, overnight camps or cabins, motels or manufactured housing communities? (M.G.L. c. 140, s. 32B)                                                                                                                                                                                   |

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| 111 | Housing                  | 111. Does your Health Department/Board of Health inspect all licensed camps, motels, manufactured housing communities, and cabins under the authority of M.G.L. c. 140 s.32C?                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 112 | Housing                  | 112. In the last five years, if a camp, motel, manufactured housing community, or cabin was found to be in an unsanitary condition (upon inspection), following notice and a hearing, did your Health Department/Board of Health suspend or revoke such license? (M.G.L. c. 140 s.32C)                                                                                                                                                                                                                                                                                                                                       |
| 113 | Housing                  | 113. In the last five years, following an inspection where it was found that sources of water supply were polluted or the works for the disposition of the sewage were determined to be unsanitary, did your Health Department/Board of Health prohibit the use of the polluted water supply? (M.G.L. c. 140, s. 32B)                                                                                                                                                                                                                                                                                                        |
| 114 | Housing                  | 114. If within 30 days of notice conditions have not been corrected following an unsatisfactory inspection, does your Health Department/Board of Health suspend or revoke the license for recreational camps, overnight camps or cabins, and motels or manufactured housing communities? (M.G.L. c. 140 s.32C)                                                                                                                                                                                                                                                                                                               |
| 115 | Housing                  | 115. Does your Health Department/Board of Health inspect that public boarding houses have a sufficient number of water closets and urinals with good and sufficient means of ventilation? (M.G.L. c. 140, s. 36)                                                                                                                                                                                                                                                                                                                                                                                                             |
| 116 | Housing                  | 116. Does your Health Department/Board of Health log housing inspection requests/complaints and provide site inspections within the timeframe outlined in section 105 CMR 410.820, utilizing inspection forms noted in section 105 CMR 410.821? (105 CMR 410)                                                                                                                                                                                                                                                                                                                                                                |
| 117 | Housing                  | 117. In the last five years, when housing code violations were identified, did your Health Department/Board of Health provide corrective orders in a time and manner as outlined within sections 410.830-832 and serve them in accordance with section 410.833? (105 CMR 410)                                                                                                                                                                                                                                                                                                                                                |
| 118 | Housing                  | 118. In the last five years, has your Health Department/Board of Health issued condemnation orders using 105 CMR 410 and removed the residents from the unit? (105 CMR 410)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 119 | Housing                  | 119. Does your Health Department/Board of Health feel competent taking all uncorrected housing code violations to the Massachusetts district court system or housing court? (105 CMR 410)                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 120 | Community Sanitation     | 120. Does your Health Department/Board of Health permit indoor skating rinks that utilize combustion resurfacing equipment and keep a record of equipment and air sample results, as well as ensure that its cover includes the name of the skating rink and the skating rink owners? (105 CMR 675)                                                                                                                                                                                                                                                                                                                          |
| 121 | Community Sanitation     | 121. In the last five years, has your Health Department/Board of Health issued corrective orders to an Indoor Ice Skating Rink operator on DPH Bureau of Environmental Health approved forms? (105 CMR 675)                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 122 | Environmental Protection | 122. In the last five years, has your Health Department/Board of Health gone through the required process to issue site assignments or expansions for solid waste facilities for all requests, and assigned sites if applicable, (sanitary landfill, a refuse transfer station, a refuse incinerator rated by the department at more than one ton of refuse per hour, a resource recovery facility, a refuse composting plant, a dumping ground for refuse or any other works for treating, storing, or disposing of refuse) in accordance with M.G.L. c. 111, s. 150A, following a public hearing? (M.G.L. c. 111, s. 150A) |

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| 123 | Community Sanitation | 123. Does your Health Department/Board of Health have an employee or agent who has completed a specialized code enforcement lead determination inspector training program as prescribed by the Director of the Bureau of Environmental Health? (105 CMR 460)                              |
| 124 | Community Sanitation | 124. In the last five years, for every request, did you perform a lead determination if the house was built before 1978 and there was a child under six living in the house? (105 CMR 460)                                                                                                |
| 125 | Community Sanitation | 125. Does your Health Department/Board of Health require a parent-signed request prior to conducting a lead determination? (105 CMR 460)                                                                                                                                                  |
| 126 | Community Sanitation | 126. If you do a lead determination, do you get your sodium sulfide from the state? (105 CMR 460)                                                                                                                                                                                         |
| 127 | Community Sanitation | 127. In the last five years, if the lead determination was positive, did your Health Department/Board of Health then issue an order for a complete lead inspection? (105 CMR 460)                                                                                                         |
| 128 | Community Sanitation | 128. In the last five years, did your Health Department/Board of Health submit a quarterly report to the Director of the Bureau of Environmental Health that included the status of all uncorrected lead violations, all violations corrected, and any legal actions taken? (105 CMR 460) |
| 129 | Community Sanitation | 129. Does your Health Department/Board of Health license, inspect, or regulate any biological or medical waste generators in your jurisdiction? (105 CMR 480)                                                                                                                             |
| 130 | Community Sanitation | 130. Are sharps collection locations approved by your Health Department/Board of Health prior to operating? (105 CMR 480)                                                                                                                                                                 |
| 131 | Skip Logic           | 131. Does your municipality have any tanning facilities? (105 CMR 123)                                                                                                                                                                                                                    |
| 132 | Community Sanitation | 132. Has your Health Department/Board of Health issued one or more licenses (or renewal licenses) to maintain and operate a tanning facility? (105 CMR 123)                                                                                                                               |
| 133 | Community Sanitation | 133. Does your Health Department/Board of Health inspect tanning facilities prior to opening and every six months thereafter? (105 CMR 123)                                                                                                                                               |
| 134 | Community Sanitation | 134. In the last five years, has your Health Department/Board of Health denied, revoked, or refused renewal of a license to operate a tanning facility? (105 CMR 123)                                                                                                                     |
| 135 | Skip Logic           | 135. Does your municipality have any recreational camps for children?                                                                                                                                                                                                                     |
| 136 | Community Sanitation | 136. Does your Health Department/Board of Health issue licenses to operate recreational camps for children? (105 CMR 430)                                                                                                                                                                 |

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| 137 | Community Sanitation     | 137. Does your Health Department/Board of Health require an application to operate a recreational camp for children be filed with the Health Department/Board of Health on an approved form and supplemented with written documentation of the camp policies, procedures, staff certifications, and CORI/SORI (e.g., disaster/emergency plans, lost swimmer/camper, illness plans, health care policy, lifeguard certifications, etc.)? (105 CMR 430)                                                    |
| 138 | Community Sanitation     | 138. Does your Health Department/Board of Health conduct an inspection of the proposed camp before the issuance of a license to operate to assure compliance with sections of the regulation (105 CMR 430) that apply to the proposed camp (including medical log, staff and camper health records, etc.) and when applicable, Bathing Beaches (105 CMR 445), Swimming Pools (105 CMR 435), and Food Service Operations (105 CMR 590.00) (with exceptions as outlined in section 430.650)? (105 CMR 430) |
| 139 | Community Sanitation     | 139. Does your Health Department/Board of Health review/examine written policies, procedures and records (required to maintain for 3 years) of training, swim testing, and Personal Flotation Device (PFD) fit test information for each minor at the designated municipal recreation program or recreational camp for children? (105 CMR 432)                                                                                                                                                           |
| 140 | Community Sanitation     | 140. Has your Health Department/Board of Health assisted DPH in an injunction, written violation, or legal action of any party for non-compliance of 105 CMR 432? (105 CMR 432)                                                                                                                                                                                                                                                                                                                          |
| 141 | Other                    | 141. In the last five years, following a public hearing, has your Health Department/Board of Health provided written consent and permission for slaughter houses and other noisome trades (ex. melting or rendering establishments) in your municipality? (M.G.L. c.111 s.151)                                                                                                                                                                                                                           |
| 142 | Other                    | 142. In the last five years, following a public hearing, has your Health Department/Board of Health assigned locations for slaughter houses OR other noxious or offensive trade? (M.G.L. c. 111, s. 143)                                                                                                                                                                                                                                                                                                 |
| 143 | Environmental Protection | 143. Does your Health Department/Board of Health license, inspect, or regulate any solid waste facilities and/or transfer stations in your municipality? (310 CMR 19)                                                                                                                                                                                                                                                                                                                                    |
| 144 | Skip Logic               | 144. Is the authority to license, inspect, or regulate any solid waste facilities and/or transfer stations in your municipality delegated to any other entity? (310 CMR 19)                                                                                                                                                                                                                                                                                                                              |
| 145 | Environmental Protection | 145. Does your Health Department/Board of Health conduct oversight and/or enforcement of solid waste facilities and/or transfer stations in your municipality? (310 CMR 19)                                                                                                                                                                                                                                                                                                                              |
| 146 | Environmental Protection | 146. Does your Health Department/Board of Health inspect, regulate, or permit any commercial composting facilities in your municipality? (310 CMR 19)                                                                                                                                                                                                                                                                                                                                                    |
| 147 | Other                    | 147. Does your Health Department/Board of Health provide licenses for stables in your municipality? (M.G.L. c. 111, s. 155)                                                                                                                                                                                                                                                                                                                                                                              |

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| 148 | Community Sanitation     | 148. Does your Health Department/Board of Health inspect swimming pools (public, semi-public, and spas) annually, and prior to opening for seasonal pools? (105 CMR 435)                                                                                    |
| 149 | Community Sanitation     | 149. Does your Health Department/Board of Health have the appropriate equipment needed to conduct a pool inspection (e.g., pool test kit with FAS-DPD for measuring free and combined chlorine)? (105 CMR 435)                                              |
| 150 | Community Sanitation     | 150. In the last five years, has your Health Department/Board of Health found items that warranted closure of a pool during an inspection and have you followed through with closure? (105 CMR 435)                                                         |
| 151 | Environmental Protection | 151. Does your Health Department/Board of Health license and conduct final inspections after installation or repair of on-site septic systems for residential/commercial establishments in your municipality using state approved forms? (310 CMR 15)       |
| 152 | Environmental Protection | 152. In the last five years, has your Health Department/Board of Health witnessed soil evaluations? (310 CMR 15)                                                                                                                                            |
| 153 | Environmental Protection | 153. For a Local Upgrade Approval request to reduce groundwater separation, does your Health Department/Board of Health employ an approved soil evaluator to determine the high groundwater elevation? (310 CMR 15)                                         |
| 154 | Environmental Protection | 154. Does your Health Department/Board of Health issue Local Upgrade Approvals for Title 5 system repairs on the recommendation of a licensed soil evaluator? (310 CMR 15)                                                                                  |
| 155 | Environmental Protection | 155. In the last five years, has your Health Department/Board of Health ensured that the Disposal System Construction Permit is issued before a building permit is approved by the Building Inspector/Commissioner? (310 CMR 15)                            |
| 156 | Environmental Protection | 156. In the last five years, has your Health Department/Board of Health ensured that the Certificate Of Compliance was issued before a Certificate of Occupancy is approved by the Building Inspector/Commissioner? (310 CMR 15)                            |
| 157 | Environmental Protection | 157. In the last five years, upon receipt of a Title 5 inspection report that indicates the system failed the inspection, does your Health Department/Board of Health follow up and ensure compliance (within two years) of failed systems? (310 CMR 15)    |
| 158 | Environmental Protection | 158. Does your Health Department/Board of Health issue permits for the removal or transportation of garbage, offal, or other offensive substances that expire at the end of the calendar year in which they are issued? (M.G.L. c. 111, s.31A)              |
| 159 | Environmental Protection | 159. Has your Health Department/Board of Health enacted rules and regulations for the control of the removal, transportation, or disposal of garbage, offal, or other offensive substances? (M.G.L. c. 111, s.31B)                                          |
| 160 | Other                    | 160. In the last five years, at the request of the DPH Commissioner of Public Health, has your Health Department/Board of Health inspected the fluoride content of the water supply available for domestic use in your municipality? (M.G.L. c. 111, s. 8C) |

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| 161 | Environmental Protection | 161. Does your Health Department/Board of Health issue public notification for sewage pollution events (as of July 6, 2022)? (314 CMR 16)                                         |
| 162 | Environmental Protection | 162. Does your Health Department/Board of Health work with the local Waste Water Treatment Plant Operator (WWTPO) to establish plans for timely public notification? (314 CMR 16) |
| 163 | Administration           | 163. Does your Board of Health have any approved local regulations, policies, procedures, etc. (outside of state regulations, policies, procedures, etc.)?                        |
| 164 | Administration           | 164. Does your Health Department have the ability to enforce any local regulations, policies, procedures, etc. your Board of Health has passed?                                   |
| 165 | Administration           | 165. Does your Health Department/Board of Health have a standard process for issuing permits?                                                                                     |
| 168 | Other                    | 168. Does your Health Department/Board of Health feel prepared to handle housing hoarding issues?                                                                                 |

Standard Question" column and associated M.G.L./CMR language in the "Link" column.

| Link                               | Not Applicable Explanation                                                                                                                                                                                                                                                   | Directions                                                                                           |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <a href="#">M.G.L. c. 1 s. 31</a>  | Not applicable - We have not had any new sanitary codes, rules, regulations, or standards which have been adopted, or any amendments and additions to the maintenance of a central register in accordance with section eight of chapter twenty-one A in the last five years. |                                                                                                      |
| <a href="#">M.G.L. c. 1 s. 31</a>  | Not applicable- We have not had any new regulations or amendments to regulations that relate to the minimum requirements for subsurface disposal of sanitary sewage in the last five years.                                                                                  | If "Not applicable" or "No", choose "Not applicable" for <b>Question 7</b>                           |
| <a href="#">M.G.L. c. 1 s. 31</a>  |                                                                                                                                                                                                                                                                              | If "No" or "Not applicable", for Question 6 (above) choose "Not applicable" for <b>this question</b> |
| <a href="#">M.G.L. c. 1 s. 26F</a> | Not applicable - Our Health Department/Board of Health does not accept the provisions of M.G.L. c. 111, s. 26F.                                                                                                                                                              |                                                                                                      |
| <a href="#">M.G.L. c. 1 s. 30</a>  | Not applicable - Our staff are not appointed by the Board of Health. OR There was not a need to do this in the last five years.                                                                                                                                              | If "Not applicable" or "No", choose "Not applicable" for <b>Question 10</b>                          |

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| <a href="#"><u>G.L. c. 1<br/>s. 30</u></a>  |                                                                                                                                                                                    | If "No" or "Not applicable" for question 9 (above) choose "Not applicable" for <b>this question</b>  |
| <a href="#"><u>G.L. c. 1<br/>s. 31</u></a>  | Not applicable - We have not needed to make reasonable health regulations in the last five years.                                                                                  |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 31</u></a>  | Not applicable - Our municipality does not have an Agricultural Commission.                                                                                                        |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 15</u></a>  | Not applicable - Our Board of Health has not assumed responsibility to nominate Animal Inspectors per M.G.L. c. 129, s. 15.                                                        |                                                                                                      |
| <a href="#"><u>G.L. c. 4<br/>s. 81S</u></a> | Not applicable - We have not been asked to review plans by the Planning Board. OR We have not received any new submissions in the last five years.                                 |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 136</u></a> | Not applicable - We have not received a written complaint from an Inspector in the last five years.                                                                                |                                                                                                      |
| <a href="#"><u>L. c. 1<br/>s. 124A</u></a>  | Not applicable - Our Health Department/Board of Health has not received such a request in the last five years.                                                                     |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 26</u></a>  | Not applicable - We are authorized by special legislative act or by the acceptance of sections twenty-six A to twenty-six E, inclusive to not have a three person Board of Health. |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 27</u></a>  | Not applicable - Our municipality does not have a Board of Health.                                                                                                                 |                                                                                                      |
| <a href="#"><u>L. c. 1<br/>s. 26B</u></a>   |                                                                                                                                                                                    | If "No", choose "Not applicable" for <b>Question 20</b>                                              |
| <a href="#"><u>L. c. 1<br/>s. 26E</u></a>   | Not applicable - The Commissioner has not been given the authority to act as the municipal Board of Health.                                                                        | If "No" or "Not applicable" for Question 19 (above) choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 6<br/>5</u></a>       | Not applicable - We do not have any establishments that sell tobacco products in our municipality.                                                                                 | If "Not applicable", choose "Not applicable for" <b>Questions 25, 26, 27, 28, 29, 30, 31, 32</b>     |

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| <a href="#">105 CMR 6.05</a>         |                                                                                                                                                                                    | If "Not applicable" for Question 24 (above) choose "Not applicable" for <b>this question</b>         |
| <a href="#">105 CMR 6.05</a>         |                                                                                                                                                                                    | If "Not applicable" for Question 24 (above) choose "Not applicable" for <b>this question</b>         |
| <a href="#">105 CMR 6.05</a>         |                                                                                                                                                                                    | If "Not applicable" for Question 24 (above) choose "Not applicable" for <b>this question</b>         |
| <a href="#">105 CMR 6.05</a>         | Not applicable - We have not had this issue in the last five years                                                                                                                 | If "Not applicable" for Question 24 (above) choose "Not applicable" for <b>this question</b>         |
| <a href="#">M.G.L. c. 270, s. 27</a> | Not applicable - We do not use non-criminal disposition for this purpose and use the fee schedule in the M.G.L. or local regulation.                                               | If "Not applicable" for Question 24 (above) choose "Not applicable" for <b>this question</b>         |
| <a href="#">G.L. 270.6A</a>          |                                                                                                                                                                                    | If "Not applicable" for Question 24 (above) choose "Not applicable" for <b>this question</b>         |
| <a href="#">1013</a>                 |                                                                                                                                                                                    | If "No" or "Not applicable", choose "Not applicable" for <b>Question 32</b>                          |
| <a href="#">1013</a>                 | Not applicable - We have not had a violation related to flavored tobacco prohibition or cigarette restrictions in the last five years.                                             | If "No" or "Not applicable" for Question 31 (above) choose "Not applicable" for <b>this question</b> |
| <a href="#">G.L. c. 2 s. 22</a>      | Not applicable - We have not had any citations to report.                                                                                                                          |                                                                                                      |
| <a href="#">105 CMR 6.01</a>         | Not applicable - We have not received such a complaint.                                                                                                                            |                                                                                                      |
| <a href="#">105 CMR 6.01</a>         | Not applicable - We have not needed to take any enforcement action pursuant to 105 CMR 661.400(B) in the last five years.                                                          |                                                                                                      |
| <a href="#">G.L. c. 1 s. 122</a>     | Not applicable - We have not received a complaint regarding nuisances, sources of filth, and causes of sickness that may be injurious to the public health in the last five years. |                                                                                                      |

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| <a href="#"><u>L. c. 1<br/>s. 122</u></a>  | Not applicable - We have not received any complaints in the last five years.                                                                                                 |
| <a href="#"><u>L. c. 1<br/>s. 122</u></a>  | Not applicable - We have not had any confirmed cases of nuisances, sources of filth, and causes of sickness that required action in our municipality in the last five years. |
| <a href="#"><u>L. c. 1<br/>s. 109*</u></a> | Not applicable - Our Health Department/Board of Health has not been notified of a house that needed disinfection in the last five years.                                     |
| <a href="#"><u>L. c. 14<br/>145A</u></a>   | Not applicable - Our Health Department/Board of Health has not encountered this situation in the last five years.                                                            |
| <a href="#"><u>105 CMR 3<br/>10</u></a>    |                                                                                                                                                                              |
| <a href="#"><u>105 CMR 3<br/>10</u></a>    | Not applicable - We have not had any domestic animal affected with, or suspected to be affected with, a contagious disease in the last five years.                           |
| <a href="#"><u>105 CMR 3<br/>10</u></a>    | Not applicable - We have not had any cases of unusual illness or clusters or outbreaks of disease in the last five years.                                                    |
| <a href="#"><u>105 CMR 3<br/>10</u></a>    | Not applicable - We have not had any tuberculosis cases in the last five years.                                                                                              |
| <a href="#"><u>105 CMR 3<br/>10</u></a>    | Not applicable - We have not had any cases of the diseases listed in 105 CMR 300.180(C) in the last five years.                                                              |
| <a href="#"><u>105 CMR 3<br/>10</u></a>    | Not applicable - We have not had any of the situations outlined in 105 CMR 300.200 or 105 CMR 300.210 requiring isolation or quarantine in the last five years.              |
| <a href="#"><u>L. c. 1<br/>4A-9</u></a>    | Not applicable - We have not had any such persons in our municipality in the last five years.                                                                                |
| <a href="#"><u>105 CMR 3<br/>15</u></a>    |                                                                                                                                                                              |
| <a href="#"><u>105 CMR 4<br/>10</u></a>    |                                                                                                                                                                              |

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| <a href="#">310 CMR 7</a>       | Not applicable - We have not had any air pollution issues in the last five years that required our Health Department/Board of Health to assist the Massachusetts DEP or the Environmental Protection Agency and hold a public hearing. |                                                                                    |
|                                 |                                                                                                                                                                                                                                        | If "No", choose "Not applicable" for <b>Questions 56, 57, 58, 59, 60, 61, 62</b>   |
| <a href="#">05 CMR 4.5</a>      |                                                                                                                                                                                                                                        | If "No" for Question 55 (above), choose "Not applicable" for <b>this question.</b> |
| <a href="#">05 CMR 4.5</a>      |                                                                                                                                                                                                                                        | If "No" for Question 55 (above), choose "Not applicable" for <b>this question.</b> |
| <a href="#">05 CMR 4.5</a>      |                                                                                                                                                                                                                                        | If "No" for Question 55 (above), choose "Not applicable" for <b>this question.</b> |
| <a href="#">G.L. c. 1 s. 5S</a> |                                                                                                                                                                                                                                        | If "No" for Question 55 (above), choose "Not applicable" for <b>this question.</b> |
| <a href="#">G.L. c. 1 s. 5S</a> | Not applicable - We have not needed to notify DPH because we have never had a violation.                                                                                                                                               | If "No" for Question 55 (above), choose "Not applicable" for <b>this question.</b> |
| <a href="#">G.L. c. 1 s. 5S</a> | Not applicable - We never had a violation of standards for Bathing Beaches.                                                                                                                                                            | If "No" for Question 55 (above), choose "Not applicable" for <b>this question.</b> |
| <a href="#">G.L. c. 1 s. 5S</a> | Not applicable - We have not received such a request.                                                                                                                                                                                  | If "No" for Question 55 (above), choose "Not applicable" for <b>this question.</b> |
| <a href="#">G.L. c. 13 80A</a>  | Not applicable - Our Health Department/Board of Health has not been asked for this permit in the last five years.                                                                                                                      |                                                                                    |
| <a href="#">G.L. c. 13 80A</a>  | Not applicable - Our municipality has not had this issue.                                                                                                                                                                              |                                                                                    |
| <a href="#">G.L. c. 4 s. 11</a> | Not applicable - The municipal clerk's office receives the death certificates directly.                                                                                                                                                |                                                                                    |
| <a href="#">G.L. c. 1 s. 45</a> | Not applicable - In the last five years, we have not had any requests for permits for the burial of a human body which has not been buried.                                                                                            |                                                                                    |

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| <a href="#"><u>G.L. c. 1<br/>s. 45</u></a> | Not applicable - In the last five years, we have not had any requests for permits for the disposal of a human body which has not been buried. |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 45</u></a> | Not applicable - We have had this situation in the last five years.                                                                           |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 34</u></a> | Not applicable - We have not received an application for land to be used for burial in the last five years.                                   |                                                                                                      |
| <a href="#"><u>G.L. c. 1<br/>s. 49</u></a> | Not applicable - We do not have funeral directors/funeral homes in our municipality.                                                          | If "No" or "Not applicable", choose "Not applicable" for <b>Question 72</b>                          |
| <a href="#"><u>G.L. c. 1<br/>s. 49</u></a> |                                                                                                                                               | If "No" or "Not applicable" for Question 71 (above) choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>G.L. c. 1<br/>s. 49</u></a> |                                                                                                                                               | If "No" or "Not applicable" for Question 71 (above) choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 1<br/>0</u></a>      | Not applicable - We do not have any applicable low-level radioactive waste facilities in our municipality.                                    |                                                                                                      |
| <a href="#"><u>05 CMR 4<br/>0</u></a>      |                                                                                                                                               | If "No", choose "Not applicable" for <b>Questions 75, 76, 77</b>                                     |
| <a href="#"><u>05 CMR 4<br/>0</u></a>      |                                                                                                                                               | If "No" for Question 75 (above), choose "Not applicable" for <b>this question</b>                    |
| <a href="#"><u>05 CMR 4<br/>0</u></a>      |                                                                                                                                               | If "No" for Question 75 (above), choose "Not applicable" for <b>this question</b>                    |
| <a href="#"><u>05 CMR 4<br/>0</u></a>      | Not applicable - We have not had to modify or withdraw an order for suspension or revocation of a license to operate in the last five years.  | If "No" for Question 75 (above), choose "Not applicable" for <b>this question</b>                    |
|                                            |                                                                                                                                               | If "No", choose "Not applicable" for <b>Questions 79, 80, 81</b>                                     |
| <a href="#"><u>L. c. 1<br/>128G</u></a>    |                                                                                                                                               | If "No" for Question 78 (above), choose "Not applicable" for <b>this question</b>                    |
| <a href="#"><u>L. c. 1<br/>128G</u></a>    | Not applicable - Our Health Department/Board of Health has never been delegated to make the inspection.                                       | If "No" for Question 78 (above), choose "Not applicable" for <b>this question</b>                    |

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| <a href="#"><u>05 CMR 4.00</u></a>  | Not applicable - Our Health Department/Board of Health has never been delegated to make the inspection.                                 | If "No" for Question 78 (above), choose "Not applicable" for <b>this question</b>                     |
|                                     |                                                                                                                                         | If "No", choose "Not applicable" for <b>Questions 83, 84, 85, 86, 87, 88, 89</b>                      |
| <a href="#"><u>05 CMR 5.00</u></a>  |                                                                                                                                         | If "No" or "Not applicable" for Question 82 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 5.00</u></a>  |                                                                                                                                         | If "No" or "Not applicable" for Question 82 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 5.00</u></a>  | Not applicable - We have never received requests for variances. OR We do not have food establishments that have any of these processes. | If "No" or "Not applicable" for Question 82 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 5.00</u></a>  | Not applicable - We have not had a new establishment open in the last five years.                                                       | If "No" or "Not applicable" for Question 82 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 5.00</u></a>  | Not applicable - Our Health Department/Board of Health has never received a request from DPH to report these items.                     | If "No" or "Not applicable" for Question 82 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 5.00</u></a>  |                                                                                                                                         | If "No", choose "Not applicable" for <b>Questions 91, 92, 93, 94, 95</b>                              |
| <a href="#"><u>05 CMR 5.00</u></a>  |                                                                                                                                         | If "No" for Question 90 (above), choose "Not applicable" for <b>this question</b>                     |
| <a href="#"><u>05 CMR 5.00</u></a>  | Not applicable - We do not have frozen dessert manufacturers in our municipality. OR We have not had this issue in our municipality.    | If "No" for Question 90 (above), choose "Not applicable" for <b>this question</b>                     |
| <a href="#"><u>G.L. c. 965H</u></a> | Not applicable - We do not have any frozen dessert manufacturers in our municipality.                                                   | If "No" for Question 90 (above), choose "Not applicable" for <b>this question</b>                     |
| <a href="#"><u>G.L. c. 965A</u></a> | Not applicable - We do not have any milk pasteurization plants in our municipality.                                                     | If "No" for Question 90 (above), choose "Not applicable" for <b>this question</b>                     |

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| <a href="#"><u>G.L. c. 9<br/>.48A</u></a>  | Not applicable - We do not have any milk pasteurization plants in our municipality. OR We have not had any milk pasteurization plants deemed to be unsanitary.                 | If "No" for Question 90 (above), choose "Not applicable" for <b>this question</b>  |
| <a href="#"><u>05 CMR 5<br/>10</u></a>     | Not applicable - We do not have any facilities where food is prepared, processed, or distributed in our municipality.                                                          |                                                                                    |
| <a href="#"><u>05 CMR 5<br/>10</u></a>     | Not applicable - We do not have any Retail Dealers (seafood) in our municipality.                                                                                              |                                                                                    |
| <a href="#"><u>G.L. c. 9<br/>.10A</u></a>  | Not applicable - Our municipality does not have facilities that are manufacturing or bottling carbonated non-alcoholic beverages or water, both carbonated and non-carbonated. |                                                                                    |
| <a href="#"><u>G.L. c. 9<br/>.67</u></a>   | Not applicable - We have not had any cold storage or refrigerating warehouses in our municipality in the last five years.                                                      |                                                                                    |
| <a href="#"><u>G.L. c. 9<br/>.89*</u></a>  | Not applicable - Shellfish are not sold in our municipality.                                                                                                                   |                                                                                    |
| <a href="#"><u>G.L. c. 9<br/>86-19</u></a> | Not applicable - Our Health Department/Board of Health has not had this issue in the last five years.                                                                          |                                                                                    |
| <a href="#"><u>G.L. c. 9<br/>86-19</u></a> | Not applicable - Our Health Department/Board of Health has never had this issue.                                                                                               |                                                                                    |
| <a href="#"><u>L. c. 1<br/>.150B</u></a>   | Not applicable - Our municipality has not received an application to assign a place as a site for a hazardous waste facility in the last five years.                           |                                                                                    |
| <a href="#"><u>L. c. 1<br/>.150B</u></a>   | Not applicable - Our municipality has not received an application to assign a place as a site for a hazardous waste facility in the last five years.                           | If "No", choose "Not applicable" for <b>Questions 109, 110, 111, 112, 113, 114</b> |
| <a href="#"><u>L. c. 1<br/>.32B</u></a>    |                                                                                                                                                                                | If "No" for Question 108 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>L. c. 1<br/>.32B</u></a>    |                                                                                                                                                                                | If "No" for Question 108 (above), choose "Not applicable" for <b>this question</b> |

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| <a href="#"><u>G.L. c. 1<br/>s. 32C</u></a>  |                                                                                                                                                                                                            | If "No" for Question 108 (above),<br>choose "Not applicable" for <b>this<br/>question</b> |
| <a href="#"><u>G.L. c. 1<br/>s. 32C</u></a>  | Not applicable - We have not had any camps, motels, manufactured housing communities, or cabins found to be in an unsanitary condition (upon inspection) in the last five years.                           | If "No" for Question 108 (above),<br>choose "Not applicable" for <b>this<br/>question</b> |
| <a href="#"><u>G.L. c. 1<br/>s. 32B</u></a>  | Not applicable - We have not encountered this problem in the last five years.                                                                                                                              | If "No" for Question 108 (above),<br>choose "Not applicable" for <b>this<br/>question</b> |
| <a href="#"><u>G.L. c. 1<br/>s. 32C</u></a>  | Not applicable - We have never had a 30-day non-compliance.                                                                                                                                                | If "No" for Question 108 (above),<br>choose "Not applicable" for <b>this<br/>question</b> |
| <a href="#"><u>G.L. c. 1<br/>s. 36</u></a>   | Not applicable - We do not have any public boarding houses in our municipality.                                                                                                                            |                                                                                           |
| <a href="#"><u>05 CMR 4<br/>0</u></a>        |                                                                                                                                                                                                            |                                                                                           |
| <a href="#"><u>05 CMR 4<br/>0</u></a>        | Not applicable - We have not had any housing code violations in the last five years.                                                                                                                       |                                                                                           |
| <a href="#"><u>05 CMR 4<br/>0</u></a>        | Not applicable - We have not had to issue condemnation orders in the last five years.                                                                                                                      |                                                                                           |
| <a href="#"><u>05 CMR 4<br/>0</u></a>        | Not applicable - We have never had any uncorrected housing code violations.                                                                                                                                |                                                                                           |
| <a href="#"><u>05 CMR 6<br/>5</u></a>        | Not applicable - We do not have an indoor ice skating rink that utilizes combustion resurfacing equipment in our municipality.                                                                             |                                                                                           |
| <a href="#"><u>05 CMR 6<br/>5</u></a>        | Not applicable - We do not have an indoor ice skating rink that utilizes combustion resurfacing equipment in our municipality.<br>OR We have not needed to issue corrective orders in the last five years. |                                                                                           |
| <a href="#"><u>G.L. c. 1<br/>s. 150A</u></a> | Not applicable - We do not have any solid waste facilities (including transfer stations) in our municipality. OR We have had no requests or expansions in the last five years.                             |                                                                                           |

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| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> |                                                                                                              |                                                                                                        |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> | Not applicable - Our Health Department/Board of Health has not received this request in the last five years. | If "No" or "Not applicable", choose "Not applicable" for <b>Questions 125, 126, 127, 128</b>           |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> |                                                                                                              | If "No" or "Not applicable" for Question 124 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> | Not applicable - We use a mobile X-ray fluorescence analyzer.                                                | If "No" or "Not applicable" for Question 124 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> | Not applicable - We have not had any positive lead determinations in the last five years.                    | If "No" or "Not applicable" for Question 124 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> | Not applicable - We have not had any positive lead determinations in the last five years.                    | If "No" or "Not applicable" for Question 124 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> | Not applicable - We do not have any biological or medical waste generators in our jurisdiction.              |                                                                                                        |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> | Not applicable - We do not have sharps collection locations in our municipality.                             |                                                                                                        |
| <a href="#"><u>05 CMR 1</u></a><br><a href="#"><u>13</u></a> |                                                                                                              | If "No", choose "Not applicable" for <b>Questions 132, 133, 134</b>                                    |
| <a href="#"><u>05 CMR 1</u></a><br><a href="#"><u>13</u></a> |                                                                                                              | If "No" or "Not applicable" for Question 131 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 1</u></a><br><a href="#"><u>13</u></a> |                                                                                                              | If "No" or "Not applicable" for Question 131 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>05 CMR 1</u></a><br><a href="#"><u>13</u></a> | Not applicable - We have not had to revoke or refuse a license in the last five years.                       | If "No" or "Not applicable" for Question 131 (above), choose "Not applicable" for <b>this question</b> |
|                                                              |                                                                                                              | If "No", choose "Not applicable" for <b>Questions 136, 137, 138, 139, 140</b>                          |
| <a href="#"><u>05 CMR 4</u></a><br><a href="#"><u>10</u></a> |                                                                                                              | If "No" for Question 135 (above), choose "Not applicable" for <b>this question</b>                     |

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| <a href="#"><u>105 CMR 4.0</u></a>     |                                                                                                                                                                                                                 | If "No" for Question 135 (above), choose "Not applicable" for <b>this question</b>                            |
| <a href="#"><u>105 CMR 4.0</u></a>     |                                                                                                                                                                                                                 | If "No" for Question 135 (above), choose "Not applicable" for <b>this question</b>                            |
| <a href="#"><u>105 CMR 4.2</u></a>     | Not applicable - We do not have any bathing beach areas under community recreational programs or recreational camps for children within our municipality.                                                       | If "No" for Question 135 (above), choose "Not applicable" for <b>this question</b>                            |
| <a href="#"><u>105 CMR 4.2</u></a>     | Not applicable - We do not have any bathing beach areas under community recreational programs or recreational camps for children within our municipality. OR We have not had any non-compliance of 105 CMR 432. | If "No" for Question 135 (above), choose "Not applicable" for <b>this question</b>                            |
| <a href="#"><u>3.L. c.11 § 151</u></a> | Not applicable - Our municipality does not have a population greater than 5,000. OR We have not received this request in the last five years.                                                                   |                                                                                                               |
| <a href="#"><u>3.L. c. 1 § 143</u></a> | Not applicable - We have not assigned locations for slaughter houses or other noxious or offensive trade in the last five years.                                                                                |                                                                                                               |
| <a href="#"><u>310 CMR 1.9</u></a>     | Not applicable - We do not have solid waste facilities and/or transfer stations in our municipality.                                                                                                            | If "Not applicable", choose "Not applicable" for <b>Questions 144, 145</b>                                    |
| <a href="#"><u>310 CMR 1.9</u></a>     |                                                                                                                                                                                                                 | If "Not applicable" for Question 143 (above), choose "Not applicable for <b>this question</b>                 |
| <a href="#"><u>310 CMR 1.9</u></a>     |                                                                                                                                                                                                                 | If "No" to this question, choose "Not applicable" for <b>Question 145</b>                                     |
| <a href="#"><u>310 CMR 1.9</u></a>     |                                                                                                                                                                                                                 | If Question 143 is "Not applicable" or Question 144 is "No", choose "Not applicable" for <b>this question</b> |
| <a href="#"><u>310 CMR 1.9</u></a>     | Not applicable - We do not have any commercial composting facilities in our municipality.                                                                                                                       |                                                                                                               |
| <a href="#"><u>3.L. c. 1 § 155</u></a> | Not applicable - Our municipality does not have a population greater than 5,000. OR We do not have stables in our municipality.                                                                                 |                                                                                                               |

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| <a href="#">05 CMR 4<br/>5</a>      | Not applicable - We do not have swimming pools (public, semi-public, and spas) in our municipality.                                                                                                                                                                                                                                                                                      | If "Not applicable", choose "Not applicable" for <b>Questions 149, 150</b>                     |
| <a href="#">05 CMR 4<br/>5</a>      |                                                                                                                                                                                                                                                                                                                                                                                          | If "Not applicable" for Question 148 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">05 CMR 4<br/>5</a>      | Not applicable - We have not found violations that warranted a closure in the last five years.                                                                                                                                                                                                                                                                                           | If "Not applicable" for Question 148 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">310 CMR 1<br/>5</a>     | Not applicable - Our municipality does not have any septic systems.                                                                                                                                                                                                                                                                                                                      | If "Not applicable", choose "Not applicable" for <b>Questions 152, 153, 154, 155, 156, 157</b> |
| <a href="#">310 CMR 1<br/>5</a>     | Not applicable - We have not received an application for a soil evaluation in the last five years.                                                                                                                                                                                                                                                                                       | If "Not applicable" for Question 151 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">310 CMR 1<br/>5</a>     | Not applicable - We have not received a request to reduce groundwater separation.                                                                                                                                                                                                                                                                                                        | If "Not applicable" for Question 151 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">310 CMR 1<br/>5</a>     |                                                                                                                                                                                                                                                                                                                                                                                          | If "Not applicable" for Question 151 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">310 CMR 1<br/>5</a>     | Not applicable - We have not received a request to reduce groundwater separation.                                                                                                                                                                                                                                                                                                        | If "Not applicable" for Question 151 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">310 CMR 1<br/>5</a>     | Not applicable - We have not received requests for buildings on septic systems in the last five years.                                                                                                                                                                                                                                                                                   | If "Not applicable" for Question 151 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">310 CMR 1<br/>5</a>     | Not applicable - We have not had any failed system issues in the last five years.                                                                                                                                                                                                                                                                                                        | If "Not applicable" for Question 151 (above), choose "Not applicable" for <b>this question</b> |
| <a href="#">G.L. c. 1<br/>§.31A</a> |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |
| <a href="#">G.L. c. 1<br/>§.31A</a> |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |
| <a href="#">G.L. c. 1<br/>§. 8C</a> | Not applicable - We have not been asked by the Commissioner to inspect the fluoride content of the water supply available for domestic use in our municipality in the last five years. OR The provisions do not apply to our municipality because the water supply comes from a shared source and cannot be treated independently. OR Our municipality does not fluoridate public water. |                                                                                                |

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[314 CMR 16](#)

Not applicable - We have not had any sewage pollution events since the date this law went into effect.

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[314 CMR 16](#)

Not applicable - We do notifications on our own. OR We do not have any treatment plants or point discharges.

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Not applicable - Our municipality has not needed to enact any local regulations, policies, procedures, etc. in addition to state laws.

If "No" or "Not applicable", choose "Not applicable" for **Question 164**

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If "No" or "Not applicable" for Question 163 (above), choose "Not applicable" for **this question**

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Administration Questions

### Overview and Directions

***Below are the Performance Standards for LPH questions for the Administration subject area. Read the question in the "Perform" column to reflect your municipality's current ability to meet the associated Performance Standard.***

- Read the directions outlined in the "Directions" column, when applicable.
- ***Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" "13. Response #2 Results" column to reflect your municipality's current ability to meet the associated Performance Standard.***
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the column.

### Administration Subject Area Performance Standards for LPH Questions

| # | Subject Area   | Performance Standard Question                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | Administration | 5. In the last five years, has your Health Department/Board of Health filed with the Environmental Protection Agency (DEP) attested copies of sanitary codes, all rules, regulations, and standards which have been adopted, and any amendments and additions for the maintenance of a central register in accordance with section eight of chapter twenty-one A AND can provide documentation of submittal? (M.G.L. c. 111, s. 31).                                           |
| 6 | Administration | 6. In the last five years, has your Health Department/Board of Health held a public hearing, of which notice was published in a local newspaper, regarding regulations or amendments to regulations that relate to the minimum requirements for subsurface disposal of sanitary sewage as provided by the state environmental code? (M.G.L. c. 111, s. 31)                                                                                                                     |
| 7 | Administration | 7. At a public hearing, prior to the adoption of any such regulation or amendment which exceeds the minimum requirements for subsurface disposal of sanitary sewage as provided by the state environmental code, does your Health Department/Board of Health state the local conditions which exist or reasons for exceeding such minimum requirements? (M.G.L. c. 111, s. 31)                                                                                                 |
| 8 | Administration | 8. Does your Health Department/Board of Health annually publish a list of hazardous chemicals present in the municipal water supply in concentrations greater than fifty percent of the suggested action guidelines (the suggested no adverse response levels or the maximum contaminant levels established by the United States Environmental Protection Agency) AND post the list in a town or city hall and at the offices of the Water Department? (M.G.L. c. 111, s. 26F) |

|     |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10  | Administration | 10. Within two days, does the appointee report to the Board of Health on actions performed in case of emergency on behalf of the Board of Health? (M.G.L. c. 111, s. 30)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 12  | Administration | 12. Prior to enacting any regulation that impacts (i) farmers markets; (ii) farms; (iii) the non-commercial keeping of poultry, livestock or bees; or (iv) the non-commercial production of fruit, vegetables or horticultural plants, does your Health Department/Board of Health provide the municipal Agricultural Commission with a copy of the proposed regulation and a 45-day review period? (M.G.L. c. 111, s. 31)                                                                                                                                                                                                                                             |
| 14  | Administration | 14. In the last five years, within 45 days after submission of a preliminary plan for residential and nonresidential subdivisions, has your Health Department/Board of Health notified the applicant and the town or city clerk by certified mail or directly by hand with a certificate of service that the plan has either: (1) been approved, or that the plan has been approved with modifications suggested by the Health Department/Board of Health or agreed upon by the person submitting the plan OR (2) the plan has been disapproved, and in the case of disapproval, the Health Department/Board of Health provided detailed reasons(M.G.L. c. 41, s. 81S) |
| 16  | Administration | 16. In the last five years, to avoid service shut off, has your Health Department/Board of Health certified in writing to gas and electric companies any residences where a serious illness existed and the customer could not afford to pay an overdue bill because of financial hardship? (M.G.L. c. 164, s.124A)                                                                                                                                                                                                                                                                                                                                                    |
| 17  | Administration | 17. In six of the last twelve months, has your Board of Health consisted of at least three individuals and, if you are in a city, one of whom is a physician? (M.G.L. c. 111, s. 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 18  | Administration | 18. Does your Board of Health annually organize and elect a Chairman, as recorded in your meeting minutes? (M.G.L. c. 111, s. 27)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 19  | Skip Logic     | 19. In your city, has the mayor, with the approval of city council (unless otherwise provided in the city charter), ever appointed a Commissioner of Health; OR in your town, has the board of selectmen, if authorized by a vote of the town, ever appointed a Commissioner of Health? (M.G.L c.111, s. 26B)                                                                                                                                                                                                                                                                                                                                                          |
| 20  | Administration | 20. Has your municipal Commissioner of Health made rules and regulations for your municipal Department of Health and its officers, agents, and assistants? (M.G.L. c. 111, s. 26E)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 163 | Administration | 163. Does your Board of Health have any approved local regulations, policies, procedures, etc. (outside of state regulations, policies, procedures, etc.)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 164 | Administration | 164. Does your Health Department have the ability to enforce any local regulations, policies, procedures, etc. your Board of Health has passed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 165 | Administration | 165. Does your Health Department/Board of Health have a standard process for issuing permits?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

ance Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown options in either

| Link                             | Not Applicable Explanation                                                                                                                                                                                                                                                   | Response #1                      | Response #2 |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------|
| <a href="#">G.L. c. 1 s. 31</a>  | Not applicable - We have not had any new sanitary codes, rules, regulations, or standards which have been adopted, or any amendments and additions to the maintenance of a central register in accordance with section eight of chapter twenty-one A in the last five years. | No - Additional training needed. |             |
| <a href="#">G.L. c. 1 s. 31</a>  | Not applicable- We have not had any new regulations or amendments to regulations that relate to the minimum requirements for subsurface disposal of sanitary sewage in the last five years.                                                                                  | Not applicable                   |             |
| <a href="#">G.L. c. 1 s. 31</a>  |                                                                                                                                                                                                                                                                              | Not applicable                   |             |
| <a href="#">G.L. c. 1 s. 26F</a> | Not applicable - Our Health Department/Board of Health does not accept the provisions of M.G.L. c. 111, s. 26F.                                                                                                                                                              | Yes                              |             |

|                                             |                                                                                                                                                                                    |                |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <a href="#"><u>G.L. c. 1<br/>s. 30</u></a>  |                                                                                                                                                                                    | Yes            |
| <a href="#"><u>G.L. c. 1<br/>s. 31</u></a>  | Not applicable - Our municipality does not have an Agricultural Commission.                                                                                                        | Not applicable |
| <a href="#"><u>G.L. c. 4<br/>s. 81S</u></a> | Not applicable - We have not been asked to review plans by the Planning Board. OR We have not received any new submissions in the last five years.                                 | Yes            |
| <a href="#"><u>L. c. 1<br/>s. 124A</u></a>  | Not applicable - Our Health Department/Board of Health has not received such a request in the last five years.                                                                     | Not applicable |
| <a href="#"><u>G.L. c. 1<br/>s. 26</u></a>  | Not applicable - We are authorized by special legislative act or by the acceptance of sections twenty-six A to twenty-six E, inclusive to not have a three person Board of Health. | Yes            |
| <a href="#"><u>G.L. c. 1<br/>s. 27</u></a>  | Not applicable - Our municipality does not have a Board of Health.                                                                                                                 | Yes            |
| <a href="#"><u>L. c. 1<br/>s. 26B</u></a>   |                                                                                                                                                                                    | No             |
| <a href="#"><u>L. c. 1<br/>s. 26E</u></a>   | Not applicable - The Commissioner has not been given the authority to act as the municipal Board of Health.                                                                        | Not applicable |
|                                             | Not applicable - Our municipality has not needed to enact any local regulations, policies, procedures, etc. in addition to state laws.                                             | Yes            |
|                                             |                                                                                                                                                                                    | Yes            |
|                                             |                                                                                                                                                                                    | Yes            |



the "Response #1" or



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If "No" or "Not applicable", choose  
"Not applicable" for **Question 7**

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If "No" or "Not applicable", for  
Question 6 (above) choose "Not  
applicable" for **this question**

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If "No", choose "Not applicable" for  
**Question 20**

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If "No" or "Not applicable" for  
Question 19 (above) choose "Not  
applicable" for **this question**

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If "No" or "Not applicable", choose  
"Not applicable" for **Question 164**

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If "No" or "Not applicable" for  
Question 163 (above), choose "Not  
applicable" for **this question**

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Community Sanitation Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for the Community Sanitation subject area. Read the question in the "Response #2" column to reflect your municipality's current ability to meet the associated Performance Standard.*

- Read the directions outlined in the "Directions" column, when applicable.
- **Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" "13. F**
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the cc

### Community Sanitation Subject Area Performance Standards for LPH Questions

| #  | Subject Area         | Performance Standard Question                                                                                                                                                                                                                                                                       |
|----|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 36 | Community Sanitation | 36. In the last five years, has your Health Department/Board of Health examined all complaints of nuisances, sources of filth, and causes of sickness within your municipality that, in your opinion, may be injurious to the public health? (M.G.L. c. 111, s. 122)                                |
| 37 | Community Sanitation | 37. In the last five years, has your Health Department/Board of Health logged all of the complaints received related to nuisances, sources of filth, and causes of sickness? (M.G.L. c. 111, s. 122)                                                                                                |
| 38 | Community Sanitation | 38. In the last five years, has your Health Department/Board of Health taken action (issue orders or act upon) for the destruction, removal, or prevention of all confirmed nuisances, sources of filth, and causes of sickness in your municipality as the case required? (M.G.L. c. 111, s. 122)  |
| 53 | Community Sanitation | 53. Does your Health Department/Board of Health enforce the State Sanitary Code as outlined in 105 CMR 400? (105 CMR 400)                                                                                                                                                                           |
| 55 | Skip Logic           | 55. Do you have any public or semi-public Bathing Beaches in your municipality that are not monitored by the state?                                                                                                                                                                                 |
| 56 | Community Sanitation | 56. Does your Health Department/Board of Health enforce 105 CMR 445 (identify sampling locations at each public and semi-public beach and collect bacteriologic samples from identified sampling locations within five days immediately preceding the opening of the bathing season)? (105 CMR 445) |

|    |                      |                                                                                                                                                                                                                                                                                                                                                            |
|----|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 57 | Community Sanitation | 57. Does your Health Department/Board of Health report the results of all testing, monitoring, and analysis of bathing water to DPH no later than October 31st of each year? (105 CMR 445)                                                                                                                                                                 |
| 58 | Community Sanitation | 58. When Bathing Beach samples are outside of the acceptable range, does your Health Department/Board of Health post a warning for the public, make lab results of the samples available to the public, and close the beach? (105 CMR 445)                                                                                                                 |
| 59 | Community Sanitation | 59. Does your Health Department/Board of Health test, monitor, and/or analyze all bathing waters within the municipality at least weekly, or as specified in an approved variance, during the bathing season and report all results to DPH? (M.G.L. c. 111, s. 5S)                                                                                         |
| 60 | Community Sanitation | 60. When your Health Department/Board of Health discovers a violation of standards for Bathing Beaches, do you notify the DPH no later than 24 hours after such discovery? (M.G.L. c. 111, s. 5S)                                                                                                                                                          |
| 61 | Community Sanitation | 61. Does your Health Department/Board of Health post signs immediately (no later than 24 hours) after the discovery of a violation of standards for Bathing Beaches? (M.G.L. c. 111, s. 5S)                                                                                                                                                                |
| 62 | Community Sanitation | 62. Does your Health Department/Board of Health review a request (within 24 hours) to conduct testing, monitoring, and analysis of bathing waters when there is reason to believe that an alleged violation of standards established by M.G.L. c. 111, s. 5S has occurred? (M.G.L. c. 111, s. 5S)                                                          |
| 65 | Community Sanitation | 65. Does your Health Department/Board of Health receive death certificates and transmit such certificates to the municipal clerk? (M.G.L. c. 46, s. 11)                                                                                                                                                                                                    |
| 66 | Community Sanitation | 66. Within the last five years, has your Health Department/Board of Health provided permits for the burial of a human body which has not been buried? (M.G.L. c. 114, s. 45)                                                                                                                                                                               |
| 67 | Community Sanitation | 67. In the last five years, has your Health Department/Board of Health provided permits for the disposal of a human body which has not been buried? (M.G.L. c. 114, s. 45)                                                                                                                                                                                 |
| 68 | Community Sanitation | 68. Within the last five years, has your Health Department/Board of Health provided permits to exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb (other than the receiving tomb) to another in the same cemetery? (M.G.L. c. 114, s. 45)                                                              |
| 69 | Community Sanitation | 69. In the last five years, has your Health Department/Board of Health provided written permission for land to be used for burial, after notice was given to all persons interested, and a hearing was held (except in the case of the erection or use of a tomb on private land for the exclusive use of the family or the owner)? (M.G.L. c. 114, s. 34) |
| 70 | Community Sanitation | 70. Does your Health Department/Board of Health annually, on or before May 1st, license/renew licenses for funeral directors? (M.G.L. c. 114, s. 49)                                                                                                                                                                                                       |
| 71 | Community Sanitation | 71. Upon the issuance of licenses to funeral directors, does your Health Department/Board of Health immediately send the names and addresses of those licensed to the Board of Registration in Embalming and Funeral Directing? (M.G.L. c. 114, s. 49)                                                                                                     |
| 72 | Community Sanitation | 72. Is your fee for funeral director licenses less than \$100 per year? (M.G.L. c. 114, s. 49)                                                                                                                                                                                                                                                             |

|     |                      |                                                                                                                                                                                                                                                                                                                                                                                 |
|-----|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 74  | Skip Logic           | 74. Does your municipality have any Family Type Campgrounds? (105 CMR 440)                                                                                                                                                                                                                                                                                                      |
| 75  | Community Sanitation | 75. Does your Health Department/Board of Health issue annual licenses for the operation of Family Type Campgrounds? (105 CMR 440)                                                                                                                                                                                                                                               |
| 76  | Community Sanitation | 76. Does your Health Department/Board of Health conduct annual site inspections to assure compliance with applicable sections of 105 CMR 440.000 (e.g., water, sewage, camp sites, Safari Fields, eating/drinking establishments, showers, swimming pools, and bathing beaches) in accordance with 105 CMR 435.000 & 105 CMR 445.000 respectfully, if applicable? (105 CMR 440) |
| 77  | Community Sanitation | 77. In the last five years, has your Health Department/Board of Health granted any variances or conducted any hearings to modify or withdraw an order for suspension or revocation of a license to operate? (105 CMR 440)                                                                                                                                                       |
| 78  | Skip Logic           | 78. Does your municipality have any Farm Labor Camps?                                                                                                                                                                                                                                                                                                                           |
| 79  | Community Sanitation | 79. If a written complaint regarding violations of the sanitary code for Farm Labor Camps is filed with your Health Department/Board of Health, do you forward said complaint to DPH? (M.G.L. c. 111, s. 128G)                                                                                                                                                                  |
| 80  | Community Sanitation | 80. When a Farm Labor Camp inspection is delegated to your Health Department/Board of Health by DPH, do you conduct the inspection and file the report with DPH annually? (M.G.L. c. 111, s. 128G)                                                                                                                                                                              |
| 81  | Community Sanitation | 81. Upon a request to conduct inspections for Farm Labor Camps, does your Health Department/Board of Health use the DPH prescribed form, send notice to DPH within the allotted 30 days, and ensure a valid corrective order annually, prior to opening? (105 CMR 420)                                                                                                          |
| 108 | Skip Logic           | 108. Does your municipality have any motels or manufactured housing communities, overnight camps or cabins, or recreational camps? Please select all that apply.                                                                                                                                                                                                                |
| 110 | Community Sanitation | 110. Does your Health Department/Board of Health notify DEP of the granting or renewal of licenses for recreational camps, overnight camps or cabins, motels or manufactured housing communities? (M.G.L. c. 140, s. 32B)                                                                                                                                                       |
| 120 | Community Sanitation | 120. Does your Health Department/Board of Health permit indoor skating rinks that utilize combustion resurfacing equipment and keep a record of equipment and air sample results, as well as ensure that its cover includes the name of the skating rink and the skating rink owners? (105 CMR 675)                                                                             |
| 121 | Community Sanitation | 121. In the last five years, has your Health Department/Board of Health issued corrective orders to an Indoor Ice Skating Rink operator on DPH Bureau of Environmental Health approved forms? (105 CMR 675)                                                                                                                                                                     |
| 123 | Community Sanitation | 123. Does your Health Department/Board of Health have an employee or agent who has completed a specialized code enforcement lead determination inspector training program as prescribed by the Director of the Bureau of Environmental Health? (105 CMR 460)                                                                                                                    |
| 124 | Community Sanitation | 124. In the last five years, for every request, did you perform a lead determination if the house was built before 1978 and there was a child under six living in the house? (105 CMR 460)                                                                                                                                                                                      |

|     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 125 | Community Sanitation | 125. Does your Health Department/Board of Health require a parent-signed request prior to conducting a lead determination? (105 CMR 460)                                                                                                                                                                                                                                                                                                              |
| 126 | Community Sanitation | 126. If you do a lead determination, do you get your sodium sulfide from the state? (105 CMR 460)                                                                                                                                                                                                                                                                                                                                                     |
| 127 | Community Sanitation | 127. In the last five years, if the lead determination was positive, did your Health Department/Board of Health then issue an order for a complete lead inspection? (105 CMR 460)                                                                                                                                                                                                                                                                     |
| 128 | Community Sanitation | 128. In the last five years, did your Health Department/Board of Health submit a quarterly report to the Director of the Bureau of Environmental Health that included the status of all uncorrected lead violations, all violations corrected, and any legal actions taken? (105 CMR 460)                                                                                                                                                             |
| 129 | Community Sanitation | 129. Does your Health Department/Board of Health license, inspect, or regulate any biological or medical waste generators in your jurisdiction? (105 CMR 480)                                                                                                                                                                                                                                                                                         |
| 130 | Community Sanitation | 130. Are sharps collection locations approved by your Health Department/Board of Health prior to operating? (105 CMR 480)                                                                                                                                                                                                                                                                                                                             |
| 131 | Skip Logic           | 131. Does your municipality have any tanning facilities? (105 CMR 123)                                                                                                                                                                                                                                                                                                                                                                                |
| 132 | Community Sanitation | 132. Has your Health Department/Board of Health issued one or more licenses (or renewal licenses) to maintain and operate a tanning facility? (105 CMR 123)                                                                                                                                                                                                                                                                                           |
| 133 | Community Sanitation | 133. Does your Health Department/Board of Health inspect tanning facilities prior to opening and every six months thereafter? (105 CMR 123)                                                                                                                                                                                                                                                                                                           |
| 134 | Community Sanitation | 134. In the last five years, has your Health Department/Board of Health denied, revoked, or refused renewal of a license to operate a tanning facility? (105 CMR 123)                                                                                                                                                                                                                                                                                 |
| 135 | Skip Logic           | 135. Does your municipality have any recreational camps for children?                                                                                                                                                                                                                                                                                                                                                                                 |
| 136 | Community Sanitation | 136. Does your Health Department/Board of Health issue licenses to operate recreational camps for children? (105 CMR 430)                                                                                                                                                                                                                                                                                                                             |
| 137 | Community Sanitation | 137. Does your Health Department/Board of Health require an application to operate a recreational camp for children be filed with the Health Department/Board of Health on an approved form and supplemented with written documentation of the camp policies, procedures, staff certifications, and CORI/SORI (e.g., disaster/emergency plans, lost swimmer/camper, illness plans, health care policy, lifeguard certifications, etc.)? (105 CMR 430) |

|     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 138 | Community Sanitation | 138. Does your Health Department/Board of Health conduct an inspection of the proposed camp before the issuance of a license to operate to assure compliance with sections of the regulation (105 CMR 430) that apply to the proposed camp (including medical log, staff and camper health records, etc.) and when applicable, Bathing Beaches (105 CMR 445), Swimming Pools (105 CMR 435), and Food Service Operations (105 CMR 590.00) (with exceptions as outlined in section 430.650)? (105 CMR 430) |
| 139 | Community Sanitation | 139. Does your Health Department/Board of Health review/examine written policies, procedures and records (required to maintain for 3 years) of training, swim testing, and Personal Flotation Device (PFD) fit test information for each minor at the designated municipal recreation program or recreational camp for children? (105 CMR 432)                                                                                                                                                           |
| 140 | Community Sanitation | 140. Has your Health Department/Board of Health assisted DPH in an injunction, written violation, or legal action of any party for non-compliance of 105 CMR 432? (105 CMR 432)                                                                                                                                                                                                                                                                                                                          |
| 148 | Community Sanitation | 148. Does your Health Department/Board of Health inspect swimming pools (public, semi-public, and spas) annually, and prior to opening for seasonal pools? (105 CMR 435)                                                                                                                                                                                                                                                                                                                                 |
| 149 | Community Sanitation | 149. Does your Health Department/Board of Health have the appropriate equipment needed to conduct a pool inspection (e.g., pool test kit with FAS-DPD for measuring free and combined chlorine)? (105 CMR 435)                                                                                                                                                                                                                                                                                           |
| 150 | Community Sanitation | 150. In the last five years, has your Health Department/Board of Health found items that warranted closure of a pool during an inspection and have you followed through with closure? (105 CMR 435)                                                                                                                                                                                                                                                                                                      |



Performance Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown options in

| Link                                 | Not Applicable Explanation                                                                                                                                                         | Response #1    | Response #2 |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| <a href="#">M.G.L. c. 122 s. 122</a> | Not applicable - We have not received a complaint regarding nuisances, sources of filth, and causes of sickness that may be injurious to the public health in the last five years. | Yes            |             |
| <a href="#">M.G.L. c. 122 s. 122</a> | Not applicable - We have not received any complaints in the last five years.                                                                                                       | Yes            |             |
| <a href="#">M.G.L. c. 122 s. 122</a> | Not applicable - We have not had any confirmed cases of nuisances, sources of filth, and causes of sickness that required action in our municipality in the last five years.       | Not applicable |             |
| <a href="#">05 CMR 4.00</a>          |                                                                                                                                                                                    | Yes            |             |
|                                      |                                                                                                                                                                                    | Yes            |             |
| <a href="#">05 CMR 4.05</a>          |                                                                                                                                                                                    | Yes            |             |

|                                        |                                                                                                                                               |                                           |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <a href="#"><u>05 CMR 4.5</u></a>      |                                                                                                                                               | Yes                                       |
| <a href="#"><u>05 CMR 4.5</u></a>      |                                                                                                                                               | Yes                                       |
| <a href="#"><u>G.L. c. 1 s. 5S</u></a> |                                                                                                                                               | Yes                                       |
| <a href="#"><u>G.L. c. 1 s. 5S</u></a> | Not applicable - We have not needed to notify DPH because we have never had a violation.                                                      | Yes                                       |
| <a href="#"><u>G.L. c. 1 s. 5S</u></a> | Not applicable - We never had a violation of standards for Bathing Beaches.                                                                   | Yes                                       |
| <a href="#"><u>G.L. c. 1 s. 5S</u></a> | Not applicable - We have not received such a request.                                                                                         | Yes                                       |
| <a href="#"><u>G.L. c. 4 s. 11</u></a> | Not applicable - The municipal clerk's office receives the death certificates directly.                                                       | Not applicable                            |
| <a href="#"><u>G.L. c. 1 s. 45</u></a> | Not applicable - In the last five years, we have not had any requests for permits for the burial of a human body which has not been buried.   | Not applicable                            |
| <a href="#"><u>G.L. c. 1 s. 45</u></a> | Not applicable - In the last five years, we have not had any requests for permits for the disposal of a human body which has not been buried. | Yes                                       |
| <a href="#"><u>G.L. c. 1 s. 45</u></a> | Not applicable - We have had this situation in the last five years.                                                                           | Not applicable                            |
| <a href="#"><u>G.L. c. 1 s. 34</u></a> | Not applicable - We have not received an application for land to be used for burial in the last five years.                                   | Not applicable                            |
| <a href="#"><u>G.L. c. 1 s. 49</u></a> | Not applicable - We do not have funeral directors/funeral homes in our municipality.                                                          | No - I was not aware of this requirement. |
| <a href="#"><u>G.L. c. 1 s. 49</u></a> |                                                                                                                                               | Not applicable                            |
| <a href="#"><u>G.L. c. 1 s. 49</u></a> |                                                                                                                                               | Not applicable                            |

|                                   |                                                                                                                                                                                                            |                                  |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <a href="#"><u>05 CMR 4.0</u></a> |                                                                                                                                                                                                            | No                               |
| <a href="#"><u>05 CMR 4.0</u></a> |                                                                                                                                                                                                            | Not applicable                   |
| <a href="#"><u>05 CMR 4.0</u></a> |                                                                                                                                                                                                            | Not applicable                   |
| <a href="#"><u>05 CMR 4.0</u></a> | Not applicable - We have not had to modify or withdraw an order for suspension or revocation of a license to operate in the last five years.                                                               | Not applicable                   |
| No                                |                                                                                                                                                                                                            |                                  |
| <a href="#"><u>L. c. 128G</u></a> |                                                                                                                                                                                                            | Not applicable                   |
| <a href="#"><u>L. c. 128G</u></a> | Not applicable - Our Health Department/Board of Health has never been delegated to make the inspection.                                                                                                    | Not applicable                   |
| <a href="#"><u>05 CMR 4.0</u></a> | Not applicable - Our Health Department/Board of Health has never been delegated to make the inspection.                                                                                                    | Not applicable                   |
| No                                |                                                                                                                                                                                                            |                                  |
| <a href="#"><u>L. c. 128B</u></a> |                                                                                                                                                                                                            | Not applicable                   |
| <a href="#"><u>05 CMR 6.5</u></a> | Not applicable - We do not have an indoor ice skating rink that utilizes combustion resurfacing equipment in our municipality.                                                                             | Not applicable                   |
| <a href="#"><u>05 CMR 6.5</u></a> | Not applicable - We do not have an indoor ice skating rink that utilizes combustion resurfacing equipment in our municipality.<br>OR We have not needed to issue corrective orders in the last five years. | Not applicable                   |
| <a href="#"><u>05 CMR 4.0</u></a> |                                                                                                                                                                                                            | No - Additional training needed. |
| <a href="#"><u>05 CMR 4.0</u></a> | Not applicable - Our Health Department/Board of Health has not received this request in the last five years.                                                                                               | No - Additional training needed. |

|                                                                                                                                    |                |
|------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <a href="#"><u>05 CMR 4.00</u></a>                                                                                                 | Not applicable |
| <a href="#"><u>05 CMR 4.00</u></a> Not applicable - We use a mobile X-ray fluorescence analyzer.                                   | Not applicable |
| <a href="#"><u>05 CMR 4.00</u></a> Not applicable - We have not had any positive lead determinations in the last five years.       | Not applicable |
| <a href="#"><u>05 CMR 4.00</u></a> Not applicable - We have not had any positive lead determinations in the last five years.       | Not applicable |
| <a href="#"><u>05 CMR 4.00</u></a> Not applicable - We do not have any biological or medical waste generators in our jurisdiction. | Yes            |
| <a href="#"><u>05 CMR 4.00</u></a> Not applicable - We do not have sharps collection locations in our municipality.                | Yes            |
| <a href="#"><u>05 CMR 1.03</u></a>                                                                                                 | No             |
| <a href="#"><u>05 CMR 1.03</u></a>                                                                                                 | Not applicable |
| <a href="#"><u>05 CMR 1.03</u></a>                                                                                                 | Not applicable |
| <a href="#"><u>05 CMR 1.03</u></a> Not applicable - We have not had to revoke or refuse a license in the last five years.          | Not applicable |
|                                                                                                                                    | Yes            |
| <a href="#"><u>05 CMR 4.00</u></a>                                                                                                 | Yes            |
| <a href="#"><u>05 CMR 4.00</u></a>                                                                                                 | Yes            |

|                                    |                                                                                                                                                                                                                 |                |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <a href="#"><u>105 CMR 430</u></a> |                                                                                                                                                                                                                 | Yes            |
| <a href="#"><u>105 CMR 432</u></a> | Not applicable - We do not have any bathing beach areas under community recreational programs or recreational camps for children within our municipality.                                                       | Yes            |
| <a href="#"><u>105 CMR 432</u></a> | Not applicable - We do not have any bathing beach areas under community recreational programs or recreational camps for children within our municipality. OR We have not had any non-compliance of 105 CMR 432. | Not applicable |
| <a href="#"><u>105 CMR 435</u></a> | Not applicable - We do not have swimming pools (public, semi-public, and spas) in our municipality.                                                                                                             | Yes            |
| <a href="#"><u>105 CMR 435</u></a> |                                                                                                                                                                                                                 | Yes            |
| <a href="#"><u>105 CMR 435</u></a> | Not applicable - We have not found violations that warranted a closure in the last five years.                                                                                                                  | Not applicable |



*n either the "Response #1" or*

Directions

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If "No", choose "Not applicable" for  
Questions 56, 57, 58, 59, 60, 61, 62

If "No" for Question 55 (above),  
choose "Not applicable" for **this  
question.**

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If "No" for Question 55 (above),  
choose "Not applicable" for **this  
question.**

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If "No" for Question 55 (above),  
choose "Not applicable" for **this  
question.**

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If "No" for Question 55 (above),  
choose "Not applicable" for **this  
question.**

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If "No" for Question 55 (above),  
choose "Not applicable" for **this  
question.**

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If "No" for Question 55 (above),  
choose "Not applicable" for **this  
question.**

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If "No" for Question 55 (above),  
choose "Not applicable" for **this  
question.**

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If "No" or "Not applicable", choose  
"Not applicable" for **Question 72**

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If "No" or "Not applicable" for  
Question 71 (above) choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 71 (above) choose "Not  
applicable" for **this question**

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If "No", choose "Not applicable" for  
**Questions 75, 76, 77**

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If "No" for Question 75 (above),  
choose "Not applicable" for **this**  
**question**

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If "No" for Question 75 (above),  
choose "Not applicable" for **this**  
**question**

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If "No" for Question 75 (above),  
choose "Not applicable" for **this**  
**question**

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If "No", choose "Not applicable" for  
**Questions 79, 80, 81**

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If "No" for Question 78 (above),  
choose "Not applicable" for **this**  
**question**

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If "No" for Question 78 (above),  
choose "Not applicable" for **this**  
**question**

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If "No" for Question 78 (above),  
choose "Not applicable" for **this**  
**question**

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If "No", choose "Not applicable" for  
**Question 110**

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If "No" for Question 108 (above),  
choose "Not applicable" for **this**  
**question**

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If "No" or "Not applicable", choose  
"Not applicable" for **Questions 125,**  
**126, 127, 128**

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If "No" or "Not applicable" for  
Question 124 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 124 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 124 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 124 (above), choose "Not  
applicable" for **this question**

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If "No", choose "Not applicable" for  
**Questions 132, 133, 134**

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If "No" or "Not applicable" for  
Question 131 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 131 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 131 (above), choose "Not  
applicable" for **this question**

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If "No", choose "Not applicable" for  
**Questions 136, 137, 138, 139, 140**

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If "No" for Question 135 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 135 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 135 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 135 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 135 (above),  
choose "Not applicable" for **this  
question**

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If "Not applicable", choose "Not  
applicable" for **Questions 149, 150**

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If "Not applicable" for Question 148  
(above), choose "Not applicable" for  
**this question**

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If "Not applicable" for Question 148  
(above), choose "Not applicable" for  
**this question**

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Disease Control and Prevention Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for the Disease Control & Prevention subject area. Read the question in the "Question" column to reflect your municipality's current ability to meet the associated Performance Standard.*

- Read the directions outlined in the "Directions" column, when applicable.
- **Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" or "13. Response #2 Results" column.**
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the column.

### Disease Control & Prevention Subject Area Performance Standards for LPH Questions

| #  | Subject Area                   | Performance Standard Question                                                                                                                                                                                                                                                                                                            |
|----|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 39 | Disease Control and Prevention | 39. In the last five years, has your Health Department/Board of Health ever utilized the provisions in M.G.L. c. 111, s. 109 to supervise or carry out the disinfection of a house upon receiving notice of the death, recovery, or removal of such person with a disease dangerous to the public health? (M.G.L. c. 111, s.109)         |
| 41 | Disease Control and Prevention | 41. Within the last five years, upon receiving an application, did your Health Department/Board of Health provide access to an anti-rabic vaccine and anti-rabic treatment free of charge to any uninsured resident who had or may have been exposed to rabies? (M.G.L. c.140, s.145A)                                                   |
| 42 | Disease Control and Prevention | 42. Does your Health Department/Board of Health report cases of disease (pursuant to 105 CMR 300.100) via MAVEN to DPH, including full clinical data, demographic data, and epidemiological data, as defined by DPH, no later than 24 hours after receipt? (105 CMR 300)                                                                 |
| 43 | Disease Control and Prevention | 43. In the last five years, has your Health Department/Board of Health reported the existence of a domestic animal affected with, or suspected to be affected with, a contagious disease to the Massachusetts Department of Agricultural Resources (MDAR), Bureau of Animal Health as required under M.G.L. c. 129, s. 28? (105 CMR 300) |
| 44 | Disease Control and Prevention | 44. In the last five years, has your Health Department/Board of Health reported immediately via MAVEN (or by telephone if indicated by DPH), a case of unusual illness or cluster or outbreak of disease, including the full demographic, clinical, epidemiologic, and laboratory information of each case? (105 CMR 300)                |

|    |                                |                                                                                                                                                                                                                                                                                                                                                                                 |
|----|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 45 | Disease Control and Prevention | 45. In the last five years, has your Health Department/Board of Health notified DPH of any case of confirmed tuberculosis or clinically suspected tuberculosis within 24 hours? (105 CMR 300)                                                                                                                                                                                   |
| 46 | Disease Control and Prevention | 46. In the last five years, has your Health Department/Board of Health reported cases of disease pursuant to 105 CMR 300.180(C) to DPH within 24 hours? (105 CMR 300)                                                                                                                                                                                                           |
| 47 | Disease Control and Prevention | 47. In the last five years, has your Health Department/Board of Health complied with the provisions of 105 CMR 300.200 and 105 CMR 300.210 (B through I) when implementing isolation or quarantine? (105 CMR 300)                                                                                                                                                               |
| 48 | Disease Control and Prevention | 48. In the last five years, has your Health Department/Board of Health certified to the Department of Public Health Commissioner or documented in MAVEN any non-hospitalized person who (1) is affiliated with active tuberculosis, (2) is unwilling or unable to accept proper medical treatment, and (3) is thereby a serious danger to public health? (M.G.L. c. 111, s.94A) |
| 52 | Disease Control and Prevention | 52. Does your Health Department/Board of Health have a nurse who works directly with reporting, surveillance, isolation, and quarantine requirements for specific diseases, including tuberculosis (TB)? (105 CMR 365)                                                                                                                                                          |

*n the "Performance Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown of*

| Link                              | Not Applicable Explanation                                                                                                                         | Response #1    | Response #2 |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| <a href="#">L. c. 1<br/>109*</a>  | Not applicable - Our Health Department/Board of Health has not been notified of a house that needed disinfection in the last five years.           | Not applicable |             |
| <a href="#">L. c. 14<br/>145A</a> | Not applicable - Our Health Department/Board of Health has not encountered this situation in the last five years.                                  | Not applicable |             |
| <a href="#">05 CMR 3<br/>10</a>   |                                                                                                                                                    | Yes            |             |
| <a href="#">05 CMR 3<br/>10</a>   | Not applicable - We have not had any domestic animal affected with, or suspected to be affected with, a contagious disease in the last five years. | Not applicable |             |
| <a href="#">05 CMR 3<br/>10</a>   | Not applicable - We have not had any cases of unusual illness or clusters or outbreaks of disease in the last five years.                          | Yes            |             |

|                                     |                                                                                                                                                                 |                |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <a href="#"><u>105 CMR 3.10</u></a> | Not applicable - We have not had any tuberculosis cases in the last five years.                                                                                 | Yes            |
| <a href="#"><u>105 CMR 3.10</u></a> | Not applicable - We have not had any cases of the diseases listed in 105 CMR 300.180(C) in the last five years.                                                 | Yes            |
| <a href="#"><u>105 CMR 3.10</u></a> | Not applicable - We have not had any of the situations outlined in 105 CMR 300.200 or 105 CMR 300.210 requiring isolation or quarantine in the last five years. | Yes            |
| <a href="#"><u>105 CMR 3.10</u></a> | Not applicable - We have not had any such persons in our municipality in the last five years.                                                                   | Not applicable |
| <a href="#"><u>105 CMR 3.10</u></a> |                                                                                                                                                                 | Yes            |



*ptions in either the "Response*

Directions

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Environmental Protection Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for the Environmental Protection subject area. Read the question in the "Response #2" column to reflect your municipality's current ability to meet the associated Performance Standard.*

- Read the directions outlined in the "Directions" column, when applicable.
- **Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" "13. F**
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the cc

### Environmental Protection Subject Area Performance Standards for LPH Questions

| #   | Subject Area             | Performance Standard Question                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15  | Environmental Protection | 15. In the last five years, upon receiving a written complaint (any act, neglect or fault in relation to any drain, water closet, earth closet, privy, ash pit, water supply, nuisance or other matter in any industrial establishment) from an Inspector (e.g., municipal, state, or industry inspector) regarding an industrial establishment, did your Health Department/Board of Health investigate and enforce the associated laws? (M.G.L. c. 149, s.136) |
| 54  | Environmental Protection | 54. In the last five years, did any air pollution issue(s)/complaint(s) result in your Health Department/Board of Health assisting the Massachusetts DEP or the Environmental Protection Agency to address the issue, including holding a public hearing? (310 CMR 7)                                                                                                                                                                                           |
| 106 | Environmental Protection | 106. In the last five years, has your Health Department/Board of Health notified DEP following the receipt of an application to assign a place as a site for a hazardous waste facility? (M.G.L. c. 111, s. 150B)                                                                                                                                                                                                                                               |
| 107 | Environmental Protection | 107. In the last five years, following a public hearing, has your Health Department/Board of Health assigned sites for the storage, treatment, or disposal of hazardous waste (this does not include special collection sites)? (M.G.L. c. 111, s. 150B)                                                                                                                                                                                                        |

|     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 122 | Environmental Protection | 122. In the last five years, has your Health Department/Board of Health gone through the required process to issue site assignments or expansions for solid waste facilities for all requests, and assigned sites if applicable, (sanitary landfill, a refuse transfer station, a refuse incinerator rated by the department at more than one ton of refuse per hour, a resource recovery facility, a refuse composting plant, a dumping ground for refuse or any other works for treating, storing, or disposing of refuse) in accordance with M.G.L. c. 111, s. 150A, following a public hearing? (M.G.L. c. 111, s. 150A) |
| 143 | Environmental Protection | 143. Does your Health Department/Board of Health license, inspect, or regulate any solid waste facilities and/or transfer stations in your municipality? (310 CMR 19)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 144 | Skip Logic               | 144. Is the authority to license, inspect, or regulate any solid waste facilities and/or transfer stations in your municipality delegated to any other entity? (310 CMR 19)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 145 | Environmental Protection | 145. Does your Health Department/Board of Health conduct oversight and/or enforcement of solid waste facilities and/or transfer stations in your municipality? (310 CMR 19)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 146 | Environmental Protection | 146. Does your Health Department/Board of Health inspect, regulate, or permit any commercial composting facilities in your municipality? (310 CMR 19)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 151 | Environmental Protection | 151. Does your Health Department/Board of Health license and conduct final inspections after installation or repair of on-site septic systems for residential/commercial establishments in your municipality using state approved forms? (310 CMR 15)                                                                                                                                                                                                                                                                                                                                                                        |
| 152 | Environmental Protection | 152. In the last five years, has your Health Department/Board of Health witnessed soil evaluations? (310 CMR 15)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 153 | Environmental Protection | 153. For a Local Upgrade Approval request to reduce groundwater separation, does your Health Department/Board of Health employ an approved soil evaluator to determine the high groundwater elevation? (310 CMR 15)                                                                                                                                                                                                                                                                                                                                                                                                          |
| 154 | Environmental Protection | 154. Does your Health Department/Board of Health issue Local Upgrade Approvals for Title 5 system repairs on the recommendation of a licensed soil evaluator? (310 CMR 15)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 155 | Environmental Protection | 155. In the last five years, has your Health Department/Board of Health ensured that the Disposal System Construction Permit is issued before a building permit is approved by the Building Inspector/Commissioner? (310 CMR 15)                                                                                                                                                                                                                                                                                                                                                                                             |
| 156 | Environmental Protection | 156. In the last five years, has your Health Department/Board of Health ensured that the Certificate Of Compliance was issued before a Certificate of Occupancy is approved by the Building Inspector/Commissioner? (310 CMR 15)                                                                                                                                                                                                                                                                                                                                                                                             |
| 157 | Environmental Protection | 157. In the last five years, upon receipt of a Title 5 inspection report that indicates the system failed the inspection, does your Health Department/Board of Health follow up and ensure compliance (within two years) of failed systems? (310 CMR 15)                                                                                                                                                                                                                                                                                                                                                                     |

|     |                          |                                                                                                                                                                                                                                                |
|-----|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 158 | Environmental Protection | 158. Does your Health Department/Board of Health issue permits for the removal or transportation of garbage, offal, or other offensive substances that expire at the end of the calendar year in which they are issued? (M.G.L. c. 111, s.31A) |
| 159 | Environmental Protection | 159. Has your Health Department/Board of Health enacted rules and regulations for the control of the removal, transportation, or disposal of garbage, offal, or other offensive substances? (M.G.L. c. 111, s.31B)                             |
| 161 | Environmental Protection | 161. Does your Health Department/Board of Health issue public notification for sewage pollution events (as of July 6, 2022)? (314 CMR 16)                                                                                                      |
| 162 | Environmental Protection | 162. Does your Health Department/Board of Health work with the local Waste Water Treatment Plant Operator (WWTPO) to establish plans for timely public notification? (314 CMR 16)                                                              |

ie "Performance Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown option

| Link                                    | Not Applicable Explanation                                                                                                                                                                                                             | Response #1    | Response #2 |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
| <a href="#">M.G.L. c. 127A, s. 136</a>  | Not applicable - We have not received a written complaint from an Inspector in the last five years.                                                                                                                                    | Not applicable |             |
| <a href="#">310 CMR 7.00</a>            | Not applicable - We have not had any air pollution issues in the last five years that required our Health Department/Board of Health to assist the Massachusetts DEP or the Environmental Protection Agency and hold a public hearing. | Not applicable |             |
| <a href="#">M.G.L. c. 127A, s. 150B</a> | Not applicable - Our municipality has not received an application to assign a place as a site for a hazardous waste facility in the last five years.                                                                                   | Not applicable |             |
| <a href="#">M.G.L. c. 127A, s. 150B</a> | Not applicable - Our municipality has not received an application to assign a place as a site for a hazardous waste facility in the last five years.                                                                                   | Not applicable |             |

|                                         |                                                                                                                                                                                |                                           |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <a href="#"><u>L. c. 1<br/>150A</u></a> | Not applicable - We do not have any solid waste facilities (including transfer stations) in our municipality. OR We have had no requests or expansions in the last five years. | Not applicable                            |
| <a href="#"><u>310 CMR 1<br/>2</u></a>  | Not applicable - We do not have solid waste facilities and/or transfer stations in our municipality.                                                                           | No - I was not aware of this requirement. |
| <a href="#"><u>310 CMR 1<br/>2</u></a>  |                                                                                                                                                                                | Yes                                       |
| <a href="#"><u>310 CMR 1<br/>2</u></a>  |                                                                                                                                                                                | No - I was not aware of this requirement. |
| <a href="#"><u>310 CMR 1<br/>2</u></a>  | Not applicable - We do not have any commercial composting facilities in our municipality.                                                                                      | Not applicable                            |
| <a href="#"><u>310 CMR 1<br/>5</u></a>  | Not applicable - Our municipality does not have any septic systems.                                                                                                            | Yes                                       |
| <a href="#"><u>310 CMR 1<br/>5</u></a>  | Not applicable - We have not received an application for a soil evaluation in the last five years.                                                                             | Yes                                       |
| <a href="#"><u>310 CMR 1<br/>5</u></a>  | Not applicable - We have not received a request to reduce groundwater separation.                                                                                              | Yes                                       |
| <a href="#"><u>310 CMR 1<br/>5</u></a>  |                                                                                                                                                                                | Yes                                       |
| <a href="#"><u>310 CMR 1<br/>5</u></a>  | Not applicable - We have not received a request to reduce groundwater separation.                                                                                              | Yes                                       |
| <a href="#"><u>310 CMR 1<br/>5</u></a>  | Not applicable - We have not received requests for buildings on septic systems in the last five years.                                                                         | Yes                                       |
| <a href="#"><u>310 CMR 1<br/>5</u></a>  | Not applicable - We have not had any failed system issues in the last five years.                                                                                              | Yes                                       |

|                                     |                                                                                                              |                                           |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <a href="#">G.L. c. 1<br/>5.31A</a> |                                                                                                              | Yes                                       |
| <a href="#">G.L. c. 1<br/>5.31A</a> |                                                                                                              | No - I was not aware of this requirement. |
| <a href="#">314 CMR 1<br/>6</a>     | Not applicable - We have not had any sewage pollution events since the date this law went into effect.       | Not applicable                            |
| <a href="#">314 CMR 1<br/>6</a>     | Not applicable - We do notifications on our own. OR We do not have any treatment plants or point discharges. | Yes                                       |



ns in either the "Response #1" or

Directions

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If "Not applicable", choose "Not applicable" for **Questions 144, 145**

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If "Not applicable" for Question 143 (above), choose "Not applicable for **this question**

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If "No" to this question, choose "Not applicable" for **Question 145**

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If Question 143 is "Not applicable" or Question 144 is "No", choose "Not applicable" for **this question**

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If "Not applicable", choose "Not applicable" for **Questions 152, 153, 154, 155, 156, 157**

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If "Not applicable" for Question 151 (above), choose "Not applicable" for **this question**

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If "Not applicable" for Question 151 (above), choose "Not applicable" for **this question**

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If "Not applicable" for Question 151 (above), choose "Not applicable" for **this question**

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If "Not applicable" for Question 151 (above), choose "Not applicable" for **this question**

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If "Not applicable" for Question 151 (above), choose "Not applicable" for **this question**

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If "Not applicable" for Question 151 (above), choose "Not applicable" for **this question**

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Food Protection Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for the Food Protection subject area. Read the question in the "Performance Standard Question" column to reflect your municipality's current ability to meet the associated Performance Standard.*

- Read the directions outlined in the "Directions" column, when applicable.
- **Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" "13. Response #2 Results" column to reflect your municipality's current ability to meet the associated Performance Standard.**
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the column to the left.

### Food Protection Subject Area Performance Standards for LPH Questions

| #  | Subject Area    | Performance Standard Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 82 | Skip Logic      | 82. In the last five years, has your municipality had any seasonal, temporary, or permanent food establishments?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 83 | Food Protection | 83. Does your Health Department/Board of Health inspect all food establishments once every six months or on a risk-based schedule AND at least once per year for temporary or seasonal establishments? (2013 Merged Food Code)                                                                                                                                                                                                                                                                                                                                                                                     |
| 84 | Food Protection | 84. Are ALL of the individuals that perform food inspections for your Health Department/Board of Health knowledgeable in foodborne disease prevention, the application of the Hazard Analysis and Critical Control Points (HACCP) principles and requirements of 105 CMR 590.000 as they relate to food establishments by either having passed a certified food protection manager or certified food safety professional test that is accredited by DPH, OR is a Registered Sanitarian, Registered Environmental Health Specialist, or Certified Health Officer who has completed food safety inspection training? |
| 85 | Food Protection | 85. Does your Health Department/Board of Health issue variances for different food processes (e.g., smoked food, curing food, using food additives, reduced oxygen packaging, operating a molluscan shellfish life support system display tank, sprouting seeds or beans) or any other variances? (2013 Merged Food Code)                                                                                                                                                                                                                                                                                          |

|     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 88  | Food Protection | 88. In the last five years, has your Health Department/Board of Health conducted food establishment plan reviews for new establishments prior to opening? (105 CMR 590)                                                                                                                                                                                                                                                                                                                |
| 89  | Food Protection | 89. When requested, does your Health Department/Board of Health comply with DPH reporting requirements (the total number of food establishment permits issued, routine inspections conducted, number of full time equivalent food inspectors that you have including contractors, number of variances that the Board of Health gave in the previous 12 months, copies of innovative operations the Board of Health approved, and results of school kitchen inspections)? (105 CMR 590) |
| 90  | Skip Logic      | 90. Does your municipality have any milk pasteurization plants or manufacturers of frozen desserts or frozen dessert mixes that sell at wholesale or retail? (105 CMR 500)                                                                                                                                                                                                                                                                                                             |
| 91  | Food Protection | 91. Does your Health Department/Board of Health license milk pasteurization plants or manufacturers of frozen desserts or frozen dessert mixes that sell at wholesale or retail in your municipality? (105 CMR 500)                                                                                                                                                                                                                                                                    |
| 92  | Food Protection | 92. Does your Health Department/Board of Health, as appropriate, send establishments that make frozen desserts and/or frozen dessert mixes in your municipality a written notice whenever two of the last four consecutive tests for bacterial limit counts or coliform determinations taken on separate days exceed safe limits? (105 CMR 500)                                                                                                                                        |
| 93  | Food Protection | 93. Does your Health Department/Board of Health license establishments for the manufacturing or proposal to manufacture frozen desserts, frozen dessert mixes, or either in February of each year (excluding manufacturing for wholesale distribution)? (M.G.L. c. 94, s. 65H)                                                                                                                                                                                                         |
| 94  | Food Protection | 94. Does your Health Department/Board of Health inspect the sanitary conditions of an establishment annually, following the receipt of a milk pasteurization establishment's written application for a license to pasteurize milk, and license said establishment? (M.G.L. c. 94, s. 48A)                                                                                                                                                                                              |
| 95  | Food Protection | 95. If a licensed establishment (milk pasteurization plant) is deemed to be operated or maintained in an unsanitary manner (in violation of any rules and regulations, or not properly equipped for the business of pasteurizing milk), does your Health Department/Board of Health close said establishment until it is found to be in a condition that conforms with requirements? (M.G.L. c. 94, s. 48A)                                                                            |
| 98  | Food Protection | 98. Does your Health Department/Board of Health notify DPH of any suspected transmission of disease through food to any person in any place that prepares, processes or distributes food for sale in your municipality, AND restrict people in said places or close the facility until it is deemed safe to reopen? (105 CMR 500)                                                                                                                                                      |
| 99  | Food Protection | 99. Does your Health Department/Board of Health inspect any Retail Dealers (seafood) in your municipality prior to their licensure with DPH? (105 CMR 500)                                                                                                                                                                                                                                                                                                                             |
| 100 | Food Protection | 100. Does your Health Department/Board of Health provide permits to facilities located in or to be located in your municipality that are manufacturing or bottling carbonated non-alcoholic beverages or water, both carbonated and non-carbonated, for human consumption? (M.G.L. c. 94, s. 10A)                                                                                                                                                                                      |
| 101 | Food Protection | 101. Within the last five years, has your Health Department/Board of Health inspected all cold storage or refrigerating warehouses, including inspecting the entry of articles of food relative to cold storage laws? (M.G.L. c. 94, s. 67)                                                                                                                                                                                                                                            |
| 103 | Food Protection | 103. Does your Health Department/Board of Health ensure tags are present on all shellfish and if no tags are present, embargo the product? (M.G.L. c. 130, s. 80-81)                                                                                                                                                                                                                                                                                                                   |

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|     |                 |                                                                                                                                                                                            |
|-----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 104 | Food Protection | 104. In the last five years, has your Health Department/Board of Health enforced statutes and regulations relative to the adulteration and misbranding of food? (M.G.L. c. 94, ss.186-195) |
| 105 | Food Protection | 105. Does your Health Department/Board of Health take samples of food believed to be misbranded or adulterated? (M.G.L. c. 94, ss.186-195)                                                 |

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ance Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown options in eithe

| Link                        | Not Applicable Explanation                                                                                                              | Response #1 | Response #2 |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
|                             |                                                                                                                                         | Yes         |             |
| <a href="#">05 CMR 5.00</a> |                                                                                                                                         | Yes         |             |
| <a href="#">05 CMR 5.00</a> |                                                                                                                                         | Yes         |             |
| <a href="#">05 CMR 5.00</a> | Not applicable - We have never received requests for variances. OR We do not have food establishments that have any of these processes. | Yes         |             |

|                                      |                                                                                                                                                                                |                |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <a href="#"><u>05 CMR 5.00</u></a>   | Not applicable - We have not had a new establishment open in the last five years.                                                                                              | Yes            |
| <a href="#"><u>05 CMR 5.00</u></a>   | Not applicable - Our Health Department/Board of Health has never received a request from DPH to report these items.                                                            | Yes            |
| <a href="#"><u>05 CMR 5.00</u></a>   |                                                                                                                                                                                | No             |
| <a href="#"><u>05 CMR 5.00</u></a>   |                                                                                                                                                                                | Not applicable |
| <a href="#"><u>05 CMR 5.00</u></a>   | Not applicable - We do not have frozen dessert manufacturers in our municipality. OR We have not had this issue in our municipality.                                           | Not applicable |
| <a href="#"><u>G.L. c. 9.65H</u></a> | Not applicable - We do not have any frozen dessert manufacturers in our municipality.                                                                                          | Not applicable |
| <a href="#"><u>G.L. c. 9.48A</u></a> | Not applicable - We do not have any milk pasteurization plants in our municipality.                                                                                            | Not applicable |
| <a href="#"><u>G.L. c. 9.48A</u></a> | Not applicable - We do not have any milk pasteurization plants in our municipality. OR We have not had any milk pasteurization plants deemed to be unsanitary.                 | Not applicable |
| <a href="#"><u>05 CMR 5.00</u></a>   | Not applicable - We do not have any facilities where food is prepared, processed, or distributed in our municipality.                                                          | Yes            |
| <a href="#"><u>05 CMR 5.00</u></a>   | Not applicable - We do not have any Retail Dealers (seafood) in our municipality.                                                                                              | Not applicable |
| <a href="#"><u>G.L. c. 9.10A</u></a> | Not applicable - Our municipality does not have facilities that are manufacturing or bottling carbonated non-alcoholic beverages or water, both carbonated and non-carbonated. | Not applicable |
| <a href="#"><u>G.L. c. 9.67</u></a>  | Not applicable - We have not had any cold storage or refrigerating warehouses in our municipality in the last five years.                                                      | Not applicable |
| <a href="#"><u>L. c. 80-</u></a>     | Not applicable - Shellfish are not sold in our municipality.                                                                                                                   | Yes            |

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s.c. 9  
86-19

Not applicable - Our Health Department/Board of Health has not had this issue in the last five years.

Not applicable

---

s.c. 9  
86-19

Not applicable - Our Health Department/Board of Health has never had this issue.

Not applicable

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*r the "Response #1" or*



### Directions

If "No", choose "Not applicable" for  
**Questions 83, 84, 85, 86, 87, 88, 89**

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If "No" or "Not applicable" for  
Question 82 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 82 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 82 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 82 (above), choose "Not  
applicable" for **this question**

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If "No" or "Not applicable" for  
Question 82 (above), choose "Not  
applicable" for **this question**

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If "No", choose "Not applicable" for  
**Questions 91, 92, 93, 94, 95**

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If "No" for Question 90 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 90 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 90 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 90 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 90 (above),  
choose "Not applicable" for **this  
question**

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Housing Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for the Housing subject area. Read the question in the "Performance Standard Question" column to reflect your municipality's current ability to meet the associated Performance Standard.*

- Read the directions outlined in the "Directions" column, when applicable.
- **Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" or "13. Response #2 Results".**
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the column.

### Housing Subject Area Performance Standards for LPH Questions

| #   | Subject Area | Performance Standard Question                                                                                                                                                                                                                                                                                         |
|-----|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 108 | Skip Logic   | 108. Does your municipality have any motels or manufactured housing communities, overnight camps or cabins, or recreational camps? Please select all that apply.                                                                                                                                                      |
| 109 | Housing      | 109. Does your Health Department/Board of Health grant or renew licenses for recreational camps, overnight camps or cabins, motels or manufactured housing communities, which expire on December 31st of the year issued? (M.G.L. c. 140, s. 32B)                                                                     |
| 111 | Housing      | 111. Does your Health Department/Board of Health inspect all licensed camps, motels, manufactured housing communities, and cabins under the authority of M.G.L. c. 140 s.32C?                                                                                                                                         |
| 112 | Housing      | 112. In the last five years, if a camp, motel, manufactured housing community, or cabin was found to be in an unsanitary condition (upon inspection), following notice and a hearing, did your Health Department/Board of Health suspend or revoke such license? (M.G.L. c. 140 s.32C)                                |
| 113 | Housing      | 113. In the last five years, following an inspection where it was found that sources of water supply were polluted or the works for the disposition of the sewage were determined to be unsanitary, did your Health Department/Board of Health prohibit the use of the polluted water supply? (M.G.L. c. 140, s. 32B) |

|     |         |                                                                                                                                                                                                                                                                                                                |
|-----|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 114 | Housing | 114. If within 30 days of notice conditions have not been corrected following an unsatisfactory inspection, does your Health Department/Board of Health suspend or revoke the license for recreational camps, overnight camps or cabins, and motels or manufactured housing communities? (M.G.L. c. 140 s.32C) |
| 115 | Housing | 115. Does your Health Department/Board of Health inspect that public boarding houses have a sufficient number of water closets and urinals with good and sufficient means of ventilation? (M.G.L. c. 140, s. 36)                                                                                               |
| 116 | Housing | 116. Does your Health Department/Board of Health log housing inspection requests/complaints and provide site inspections within the timeframe outlined in section 105 CMR 410.820, utilizing inspection forms noted in section 105 CMR 410.821? (105 CMR 410)                                                  |
| 117 | Housing | 117. In the last five years, when housing code violations were identified, did your Health Department/Board of Health provide corrective orders in a time and manner as outlined within sections 410.830-832 and serve them in accordance with section 410.833? (105 CMR 410)                                  |
| 118 | Housing | 118. In the last five years, has your Health Department/Board of Health issued condemnation orders using 105 CMR 410 and removed the residents from the unit? (105 CMR 410)                                                                                                                                    |
| 119 | Housing | 119. Does your Health Department/Board of Health feel competent taking all uncorrected housing code violations to the Massachusetts district court system or housing court? (105 CMR 410)                                                                                                                      |

|  |
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|  |
|  |
|  |

Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown options in either the "R

| Link                                   | Not Applicable Explanation                                                                                                                                                       | Response #1    | Response #2 |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                        |                                                                                                                                                                                  | No             |             |
| <a href="#">M.G.L. c. 127B, s. 32B</a> |                                                                                                                                                                                  | Not applicable |             |
| <a href="#">M.G.L. c. 127B, s. 32C</a> |                                                                                                                                                                                  | Not applicable |             |
| <a href="#">M.G.L. c. 127B, s. 32C</a> | Not applicable - We have not had any camps, motels, manufactured housing communities, or cabins found to be in an unsanitary condition (upon inspection) in the last five years. | Not applicable |             |
| <a href="#">M.G.L. c. 127B, s. 32B</a> | Not applicable - We have not encountered this problem in the last five years.                                                                                                    | Not applicable |             |

|                                             |                                                                                       |                |
|---------------------------------------------|---------------------------------------------------------------------------------------|----------------|
| <a href="#"><u>G.L. c. 1<br/>s. 32C</u></a> | Not applicable - We have never had a 30-day non-compliance.                           | Not applicable |
| <a href="#"><u>G.L. c. 1<br/>s. 36</u></a>  | Not applicable - We do not have any public boarding houses in our municipality.       | Not applicable |
| <a href="#"><u>05 CMR 4<br/>0</u></a>       |                                                                                       | Yes            |
| <a href="#"><u>05 CMR 4<br/>0</u></a>       | Not applicable - We have not had any housing code violations in the last five years.  | Yes            |
| <a href="#"><u>05 CMR 4<br/>0</u></a>       | Not applicable - We have not had to issue condemnation orders in the last five years. | Not applicable |
| <a href="#"><u>05 CMR 4<br/>0</u></a>       | Not applicable - We have never had any uncorrected housing code violations.           | Yes            |



*esponse #1" or "Response #2"*



### Directions

If "No", choose "Not applicable" for  
**Questions 109, 110, 111, 112, 113,  
114**

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If "No" for Question 108 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 108 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 108 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 108 (above),  
choose "Not applicable" for **this  
question**

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If "No" for Question 108 (above),  
choose "Not applicable" for **this**  
**question**

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Tobacco Use Prevention Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for the Tobacco Use Prevention subject area. Read the question in the "Response #2" column to reflect your municipality's current ability to meet the associated Performance Standard.*

- Read the directions outlined in the "Directions" column, when applicable.
- **Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" "13. F**
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the cc

### Tobacco Subject Area Performance Standards for LPH Questions

| #  | Subject Area           | Performance Standard Question                                                                                                                                                                                                                                                                                                                 |
|----|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24 | Tobacco Use Prevention | 24. Does your Health Department/Board of Health issue annual permits/licenses for the retail sale of tobacco and electronic nicotine delivery systems? (105 CMR 665)                                                                                                                                                                          |
| 25 | Tobacco Use Prevention | 25. Does your Health Department/Board of Health/Tobacco Control Program enforce 105 CMR 665 or any approved local regulations for the retail sale of tobacco products and electronic nicotine delivery systems? (105 CMR 665)                                                                                                                 |
| 26 | Tobacco Use Prevention | 26. Does your Health Department/Board of Health/Tobacco Control Agent conduct inspections and compliance checks of tobacco retailers, utilizing department staff or appointed Tobacco Agents/Consultants? (105 CMR 665)                                                                                                                       |
| 27 | Skip Logic             | 27. Is your municipality part of a regional effort for tobacco control? (105 CMR 665)                                                                                                                                                                                                                                                         |
| 28 | Tobacco Use Prevention | 28. In the last five years, has your Health Department/Board of Health/Tobacco Control Agent had to enforce, including providing fines (as outlined 105 CMR 665 or local regulations) and hold hearings for the suspension or revocation of permits/licenses to sell tobacco products and electronic nicotine delivery devices? (105 CMR 665) |

|    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29 | Tobacco Use Prevention | 29. Does your Health Department/Board of Health/Tobacco Control Coalition enforce M.G.L. c. 270, s. 27 (ensuring liquid or gel substances containing nicotine have child-resistant packaging) by issuing civil penalties for violations through non-criminal disposition? (M.G.L. c. 270, s. 27)                                                                                                                                                                                                                                                              |
| 30 | Tobacco Use Prevention | 30. Does your Health Department/Board of Health enforce the prohibition of selling tobacco rolling papers to anyone under the age of 21 by fine or suspension? (M.G.L. 270, Section 6A)                                                                                                                                                                                                                                                                                                                                                                       |
| 31 | Tobacco Use Prevention | 31. Does your Health Department/Board of Health enforce the 2019 An Act Modernizing Tobacco Control and the 2020 updates on An Act Modernizing Tobacco Control for the sale of electronic nicotine delivery devices? (Chapter 133 of the Acts of 2019)                                                                                                                                                                                                                                                                                                        |
| 32 | Tobacco Use Prevention | 32. In the last five years, has your Health Department/Board of Health taken any enforcement actions (fined, held an enforcement hearing, suspended licenses, etc.) related to flavored tobacco prohibition or e-cigarette restrictions? (Chapter 133 of the Acts of 2019)                                                                                                                                                                                                                                                                                    |
| 33 | Tobacco Use Prevention | <p>33. Does your Health Department/Board of Health/Tobacco Control Coalition provide an annual report to the Department of Public Health (DPH) Commissioner that includes:</p> <ul style="list-style-type: none"> <li>(1) the number of citations issued regarding M.G.L. c. 270, s. 22</li> <li>(2) the workplaces that have been issued citations and the number of citations issued to each workplace</li> <li>(3) the amount that each workplace has been fined</li> <li>(4) the total amount collected in fines</li> </ul> <p>(M.G.L. c. 270, s. 22)</p> |
| 34 | Tobacco Use Prevention | 34. Does your Health Department/Board of Health enforce the restrictions on workplace smoking and outdoor smoking following a complaint? (105 CMR 661)                                                                                                                                                                                                                                                                                                                                                                                                        |
| 35 | Tobacco Use Prevention | 35. In the last five years, has your Health Department/Board of Health taken any enforcement action pursuant to 105 CMR 661.400(B) (issuing a fine or revoking or suspending the license on a building, vehicle, or vessel)? (105 CMR 661)                                                                                                                                                                                                                                                                                                                    |



***"Performance Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown options***

| Link                            | Not Applicable Explanation                                                                         | Response #1 | Response #2 |
|---------------------------------|----------------------------------------------------------------------------------------------------|-------------|-------------|
| <a href="#">05 CMR 6<br/>25</a> | Not applicable - We do not have any establishments that sell tobacco products in our municipality. |             |             |
| <a href="#">05 CMR 6<br/>25</a> |                                                                                                    |             |             |
| <a href="#">05 CMR 6<br/>25</a> |                                                                                                    |             |             |
| <a href="#">05 CMR 6<br/>25</a> |                                                                                                    |             |             |
| <a href="#">05 CMR 6<br/>25</a> | Not applicable - We have not had this issue in the last five years                                 |             |             |

|                                      |                                                                                                                                         |  |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <a href="#">M.G.L. c. 270, s. 27</a> | Not applicable - We do not use non-criminal disposition for this purpose and use the fee schedule in the M.G.L. or local regulation.    |  |
| <a href="#">G.L. 270 6A</a>          |                                                                                                                                         |  |
| <a href="#">m3</a>                   |                                                                                                                                         |  |
| <a href="#">m3</a>                   | Not applicable - We have not had a violation related to flavored tobacco prohibition or ecigarette restrictions in the last five years. |  |

[G.L. c. 2 s. 22](#) Not applicable - We have not had any citations to report.

[105 CMR 6 51](#) Not applicable - We have not received such a complaint.

[105 CMR 6 51](#) Not applicable - We have not needed to take any enforcement action pursuant to 105 CMR 661.400(B) in the last five years.



in either the "Response #1" or



Directions

- If "Not applicable", choose "Not applicable for" **Questions 25, 26, 27, 28, 29, 30, 31, 32**
- If "Not applicable" for Question 24 (above) choose "Not applicable" for **this question**
- If "Not applicable" for Question 24 (above) choose "Not applicable" for **this question**
- If "Not applicable" for Question 24 (above) choose "Not applicable" for **this question**
- If "Not applicable" for Question 24 (above) choose "Not applicable" for **this question**

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If "Not applicable" for Question 24 (above) choose "Not applicable" for **this question**

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If "Not applicable" for Question 24 (above) choose "Not applicable" for **this question**

---

If "No" or "Not applicable", choose "Not applicable" for **Question 32**

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If "No" or "Not applicable" for Question 31 (above) choose "Not applicable" for **this question**

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# Performance Standards for Local Public Health Self-Assessment

## Performance Standards for LPH Self-Assessment Other Questions

### Overview and Directions

*Below are the Performance Standards for LPH questions for the Other subject area. Read the question in the "Performance Standard Question" column to reflect your municipality's current ability to meet the associated Performance Standard.*

- Read the directions outlined in the "Directions" column, when applicable.
- **Ensure to respond to ALL questions in the tab before reviewing the results in either the "12. Response #1 Results" "13. Response #2 Results"**
- All "Response" cells highlighted in light blue means it is associated with skip logic, so please review the directions in the column.

### Other Subject Area Performance Standards for LPH Questions

| #  | Subject Area | Performance Standard Question                                                                                                                                                                                                                                                                                                                                              |
|----|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9  | Other        | 9. In the last five years, has your Board of Health appointed Agents or Directors of Public Health to act on behalf of the Board of Health in cases of emergency or if the Board of Health could not conveniently assemble? (M.G.L. c. 111, s. 30)                                                                                                                         |
| 11 | Other        | 11. In the last five years, has your Health Department/Board of Health made reasonable health regulations? (M.G.L. c. 111, s. 31)                                                                                                                                                                                                                                          |
| 13 | Other        | 13. Does your Board of Health nominate Animal Inspectors? (M.G.L. c. 129, s. 15)                                                                                                                                                                                                                                                                                           |
| 63 | Other        | 63. Within the last five years, if requested, has your Health Department/Board of Health issued emergency permits to trap beavers for no longer than 10 days if it was determined a threat to human life or safety existed? (M.G.L. c.131, s. 80A)                                                                                                                         |
| 64 | Other        | 64. If beaver-caused flooding is a threat to human health and safety, and has not been alleviated within 10 days, in conjunction with the applicant or the duly authorized agent, do you apply to the Director of Fisheries and Wildlife for an extension permit to continue the use of alleviation techniques, for a period not exceeding 30 days? (M.G.L. c.131, s. 80A) |

|     |       |                                                                                                                                                                                                                                                                                |
|-----|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 73  | Other | 73. Does your Health Department/Board of Health have an environmental monitoring plan on file for each low-level radioactive waste facility as defined in 105 CMR 120.800? (105 CMR 120)                                                                                       |
| 141 | Other | 141. In the last five years, following a public hearing, has your Health Department/Board of Health provided written consent and permission for slaughter houses and other noisome trades (ex. melting or rendering establishments) in your municipality? (M.G.L. c.111 s.151) |
| 142 | Other | 142. In the last five years, following a public hearing, has your Health Department/Board of Health assigned locations for slaughter houses OR other noxious or offensive trade? (M.G.L. c. 111, s. 143)                                                                       |
| 147 | Other | 147. Does your Health Department/Board of Health provide licenses for stables in your municipality? (M.G.L. c. 111, s. 155)                                                                                                                                                    |
| 160 | Other | 160. In the last five years, at the request of the DPH Commissioner of Public Health, has your Health Department/Board of Health inspected the fluoride content of the water supply available for domestic use in your municipality? (M.G.L. c. 111, s. 8C)                    |
| 168 | Other | 168. Does your Health Department/Board of Health feel prepared to handle housing hoarding issues?                                                                                                                                                                              |

Standard Question" column and associated M.G.L./CMR language in the "Link" column. Use the dropdown options in either the "Res

| Link                              | Not Applicable Explanation                                                                                                      | Response #1 | Response #2 |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| <a href="#">M.G.L. c. 1 s. 30</a> | Not applicable - Our staff are not appointed by the Board of Health. OR There was not a need to do this in the last five years. |             |             |
| <a href="#">M.G.L. c. 1 s. 31</a> | Not applicable - We have not needed to make reasonable health regulations in the last five years.                               |             |             |
| <a href="#">M.G.L. c. 1 s. 15</a> | Not applicable - Our Board of Health has not assumed responsibility to nominate Animal Inspectors per M.G.L. c. 129, s. 15.     |             |             |
| <a href="#">M.G.L. c.13 80A</a>   | Not applicable - Our Health Department/Board of Health has not been asked for this permit in the last five years.               |             |             |
| <a href="#">M.G.L. c.13 80A</a>   | Not applicable - Our municipality has not had this issue.                                                                       |             |             |

|                                         |                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#"><u>05 CMR 10</u></a>        | Not applicable - We do not have any applicable low-level radioactive waste facilities in our municipality.                                                                                                                                                                                                                                                                               |
| <a href="#"><u>G.L. c.11 151</u></a>    | Not applicable - Our municipality does not have a population greater than 5,000. OR We have not received this request in the last five years.                                                                                                                                                                                                                                            |
| <a href="#"><u>G.L. c. 1 s. 143</u></a> | Not applicable - We have not assigned locations for slaughter houses or other noxious or offensive trade in the last five years.                                                                                                                                                                                                                                                         |
| <a href="#"><u>G.L. c. 1 s. 155</u></a> | Not applicable - Our municipality does not have a population greater than 5,000. OR We do not have stables in our municipality.                                                                                                                                                                                                                                                          |
| <a href="#"><u>G.L. c. 1 s. 8C</u></a>  | Not applicable - We have not been asked by the Commissioner to inspect the fluoride content of the water supply available for domestic use in our municipality in the last five years. OR The provisions do not apply to our municipality because the water supply comes from a shared source and cannot be treated independently. OR Our municipality does not fluoridate public water. |



ponse #1" or "Response #2"



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# Performance Standards for Local Public Health Self-Assessment

## Response #1 Self-Assessment Results

Below is a summary of the "Response #1" results for all of the subject areas in a table and visual format. Please ensure that all cells in order to view your results.

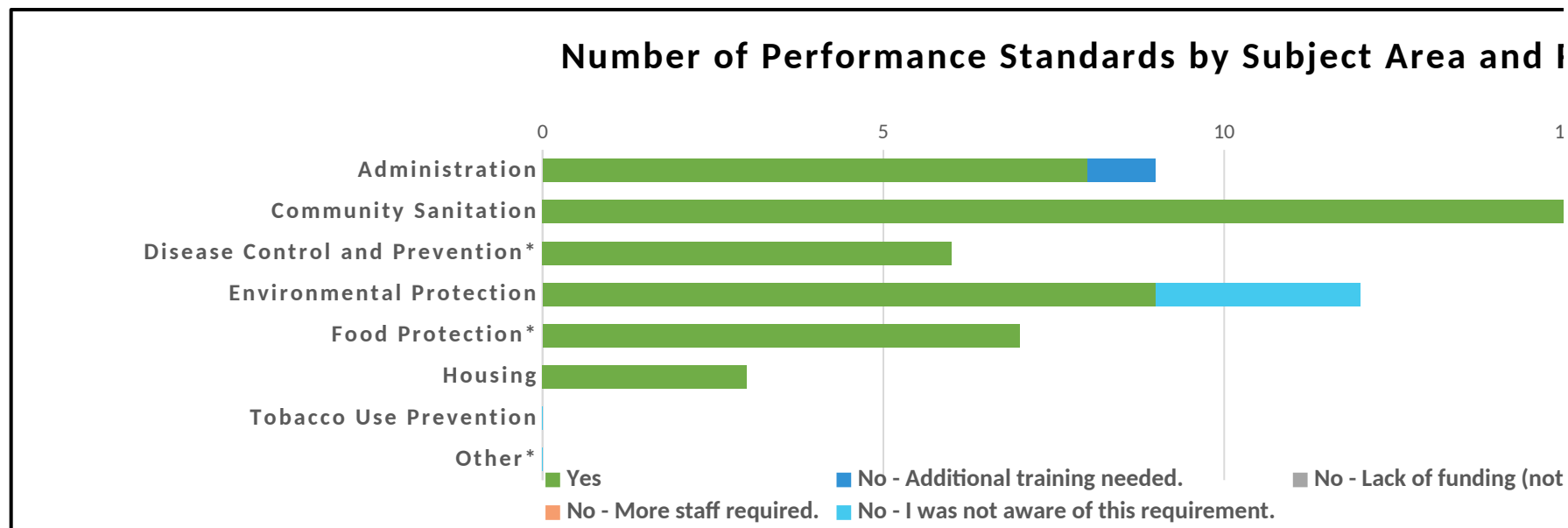
NOTE: the data outlined in red can be copied and pasted into the [Self-Assessment Addendum](#) to aggregate multiple municipalities' re [Self-Assessment Tool and Self-Assessment Addendum Webpage](#)

### Breakdown of Results by Subject Area and Response Group

| Subject Area                                                     | Meets Performance Standards | Does Not Meet Performance Standards |                                              |                           |                                           |
|------------------------------------------------------------------|-----------------------------|-------------------------------------|----------------------------------------------|---------------------------|-------------------------------------------|
|                                                                  |                             | No - Additional training needed.    | No - Lack of funding (not staffing related). | No - More staff required. | No - I was not aware of this requirement. |
| <i>Below are the subject areas that correspond to tabs 4-11.</i> | Yes                         |                                     |                                              |                           |                                           |
| Administration                                                   | 8                           | 1                                   | 0                                            | 0                         | 0                                         |
| Community Sanitation                                             | 19                          | 2                                   | 0                                            | 0                         | 1                                         |
| Disease Control and Prevention*                                  | 6                           | 0                                   | 0                                            | 0                         | 0                                         |
| Environmental Protection                                         | 9                           | 0                                   | 0                                            | 0                         | 3                                         |
| Food Protection*                                                 | 7                           | 0                                   | 0                                            | 0                         | 0                                         |
| Housing                                                          | 3                           | 0                                   | 0                                            | 0                         | 0                                         |
| Tobacco Use Prevention                                           | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Other*                                                           | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| <b>Total Response #1 Results</b>                                 | <b>52</b>                   | <b>3</b>                            | <b>0</b>                                     | <b>0</b>                  | <b>4</b>                                  |

*\*if this result does not match that in the Capacity Assessment Interactive Data Dashboard it is due to the removal of antiquated regulations (Disease Standards in the "Other" subject area.*

## Graphical Representation of Responses within each Subject Area



## Funding Resources

[More information about joining a Shared Services Arrangement](#)

## Training and Unawareness Resources

[TRAIN Learning Network](#)

[Local Public Health Institute of Massachusetts](#)

[Training Hub Membership List](#)

## Staffing Resources

[Local Public Health Workforce Development](#)

[Request Assistance from the Academic Public Health Corps](#)

## Other Resources

[Technical Assistance Request Form](#)

Subject Area One-Pagers (Coming Soon)



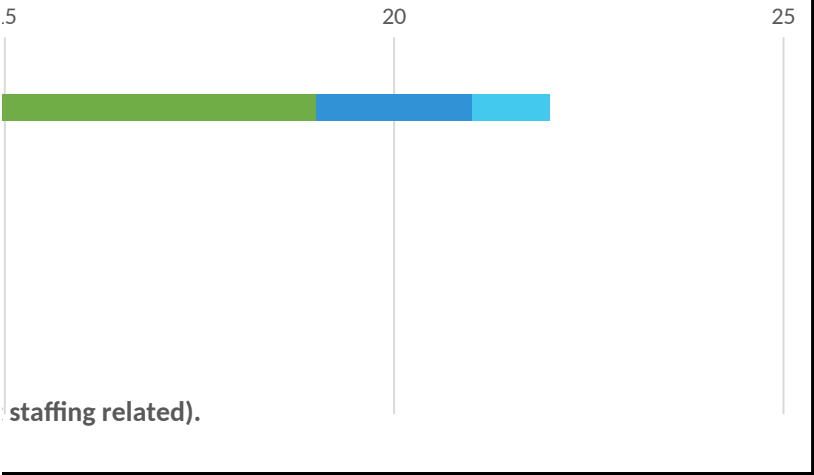
the "Response #1" column in tabs 4-11 are completely filled out in results.



|                | Completion Status                                                                                             | Response #1<br>% of Performance Standards Met                                                                                                                |
|----------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Not applicable | If below says "Incomplete", make sure to select a response for <b><u>ALL</u></b> questions in associated tab. | % of applicable Performance Standards met = Yes/(Total-Not applicable)<br><br>If result is not populated, please respond to ALL questions in associated tab. |
| 5              | Complete (n=14)                                                                                               | 89%                                                                                                                                                          |
| 25             | Complete (n=47)                                                                                               | 86%                                                                                                                                                          |
| 4              | Complete (n=10)                                                                                               | 100%                                                                                                                                                         |
| 7              | Complete (n=19)                                                                                               | 75%                                                                                                                                                          |
| 10             | Complete (n=17)                                                                                               | 100%                                                                                                                                                         |
| 7              | Complete (n=10)                                                                                               | 100%                                                                                                                                                         |
| 0              | Incomplete                                                                                                    |                                                                                                                                                              |
| 0              | Incomplete                                                                                                    |                                                                                                                                                              |
| 58             | Incomplete                                                                                                    |                                                                                                                                                              |



Response



# Performance Standards for Local Public Health Self-Assessment

## Response #2 Self-Assessment Results

Below is a summary of the "Response #2" results for all of the subject areas in a table and visual format. Please ensure that all cells in order to view your results. NOTE: the data outlined in red can be copied and pasted into the Self-Assessment Addendum to aggregate

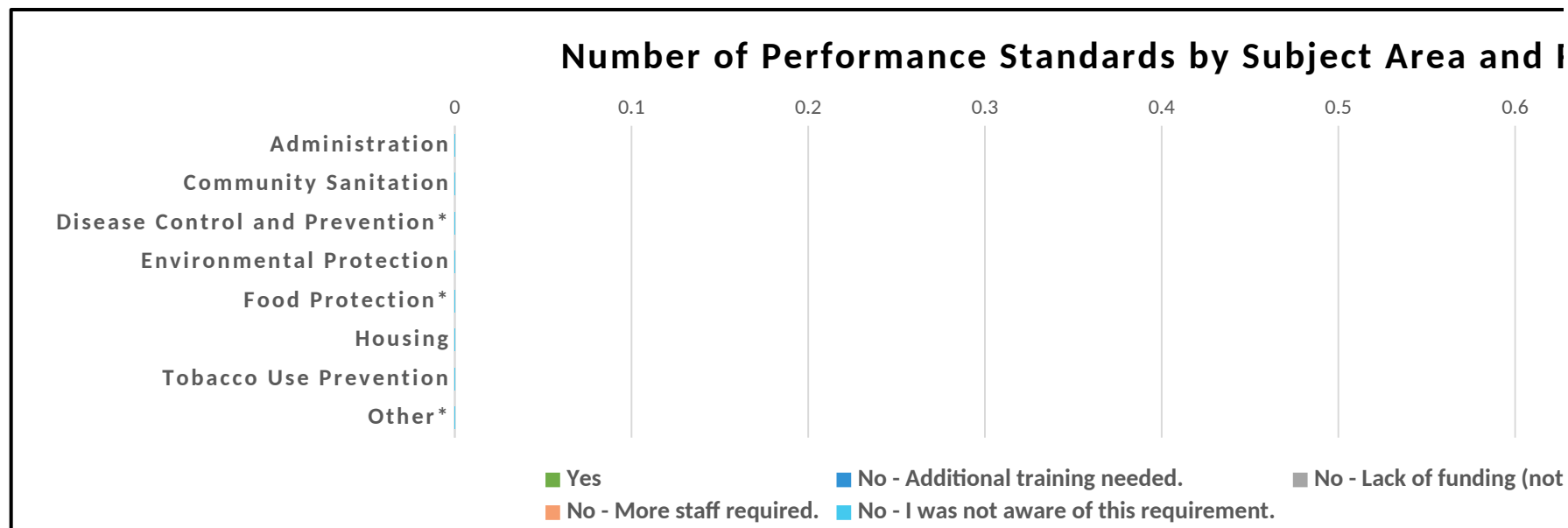
[Self-Assessment Tool and Self-Assessment Addendum Webpage](#)

### Breakdown of Results by Subject Area and Response Group

| Subject Area                                                     | Meets Performance Standards | Does Not Meet Performance Standards |                                              |                           |                                           |
|------------------------------------------------------------------|-----------------------------|-------------------------------------|----------------------------------------------|---------------------------|-------------------------------------------|
|                                                                  |                             | No - Additional training needed.    | No - Lack of funding (not staffing related). | No - More staff required. | No - I was not aware of this requirement. |
| <i>Below are the subject areas that correspond to tabs 4-11.</i> | Yes                         |                                     |                                              |                           |                                           |
| Administration                                                   | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Community Sanitation                                             | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Disease Control and Prevention*                                  | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Environmental Protection                                         | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Food Protection*                                                 | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Housing                                                          | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Tobacco Use Prevention                                           | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| Other*                                                           | 0                           | 0                                   | 0                                            | 0                         | 0                                         |
| <b>Total Response #2 Results</b>                                 | <b>0</b>                    | <b>0</b>                            | <b>0</b>                                     | <b>0</b>                  | <b>0</b>                                  |

*\*if this result does not match that in the Capacity Assessment Interactive Data Dashboard it is due to the removal of antiquated regulations (Disease Standards in the "Other" subject area.*

## Graphical Representation of Responses within each Subject Area



## Funding Resources

[More information about joining a Shared Services Arrangement](#)

## Training and Unawareness Resources

[TRAIN Learning Network](#)

[Local Public Health Institute of Massachusetts](#)

[Training Hub Membership List](#)

## Staffing Resources

[Local Public Health Workforce Development](#)

[Request Assistance from the Academic Public Health Corps](#)

## Other Resources

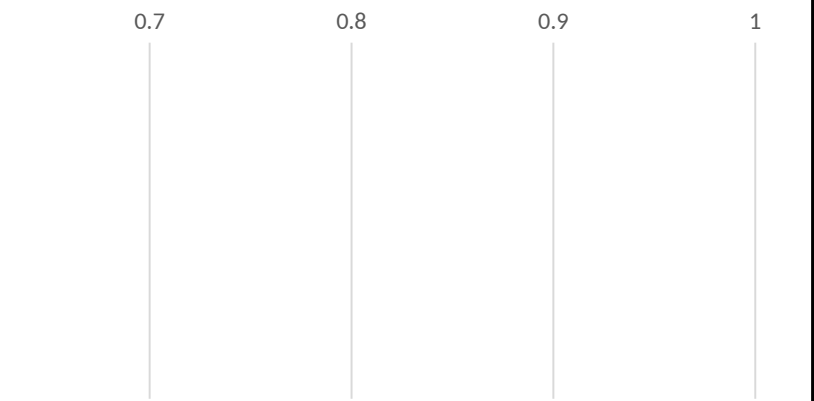
[Technical Assistance Request Form](#)

Subject Area One-Pagers (Coming Soon)





Response



staffing related).



# Performance Standards for Local Public Health Self-Assessment

## Response Trends (Response #1 to Response #2)

Below is a summary of the comparison between "Response #1" and "Response #2" results for all of the subject areas in a tab #1" and "Response #2" columns in tabs 4-11 are completely filled out in order to view the trends in the results.

### Comparison of Percentage of Performance Standards Met (Response #1 vs Response #2 Results)

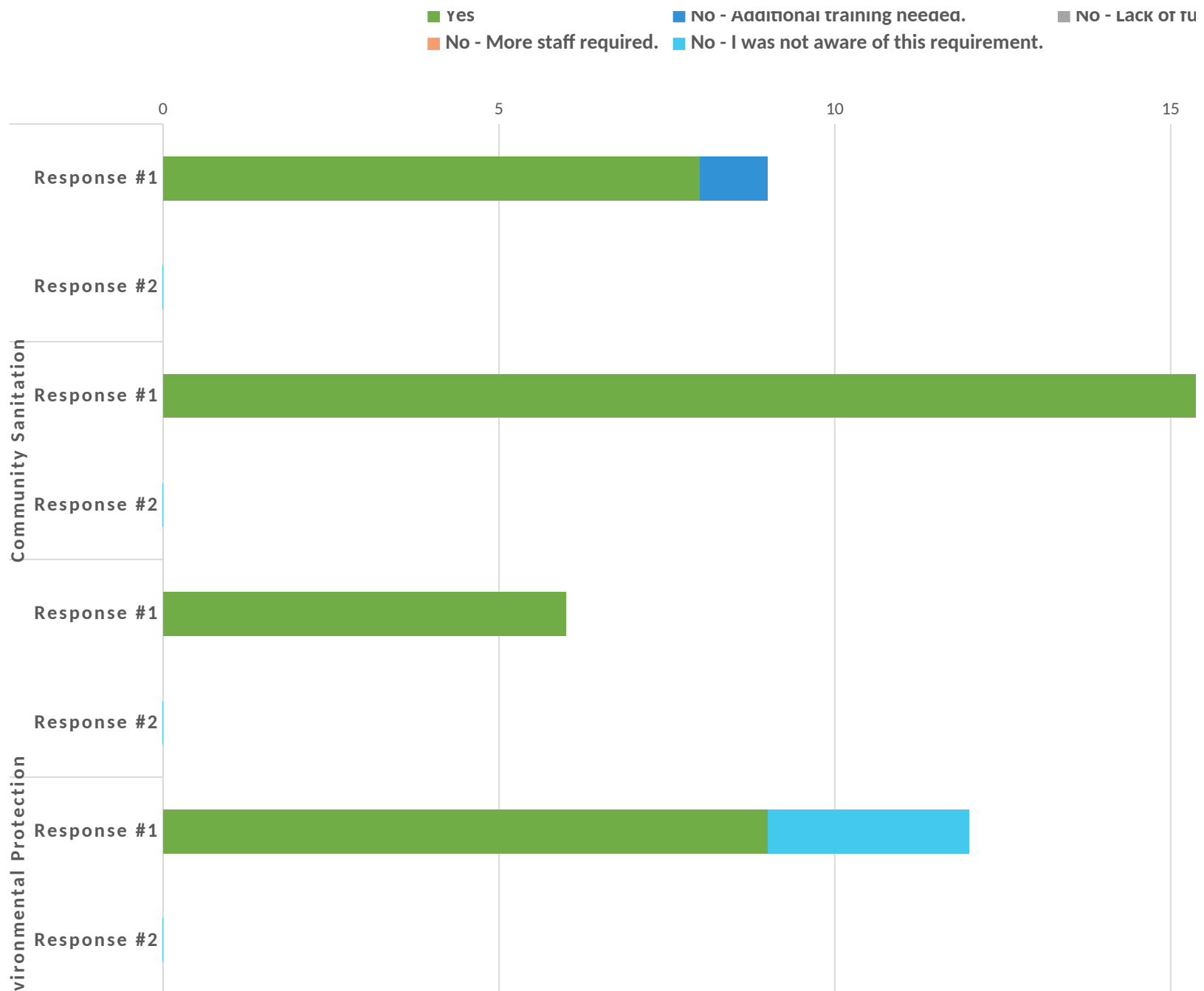
| Subject Area                    | Response #1<br>% of Performance Standards Met | Response #2<br>% of Performance Standards Met | Change % |
|---------------------------------|-----------------------------------------------|-----------------------------------------------|----------|
| Administration                  | 89%                                           |                                               |          |
| Community Sanitation            | 86%                                           |                                               |          |
| Disease Control and Prevention* | 100%                                          |                                               |          |
| Environmental Protection        | 75%                                           |                                               |          |
| Food Protection*                | 100%                                          |                                               |          |
| Housing                         | 100%                                          |                                               |          |
| Tobacco Use Prevention          |                                               |                                               |          |
| Other*                          |                                               |                                               |          |
| Total Results                   |                                               |                                               |          |

\*if this result does not match that in the Capacity Assessment Interactive Data Dashboard it is due to the removal of antiquated regulations Performance Standards in the "Other" subject area.

### Graphical Representation of Response #1 and Response #2 Results

Response 1 and 2 Comparison of ability to meet perfo

— Yes — No — Additional Assistance needed — No Link to CF



En

Response #1

Response #2

Housing

Response #1

Response #2

Response #1

Response #2

Other\*

Response #1

Response #2



le and visual format. Please ensure that all cells in BOTH the "Response



(Disease Control and Prevention: 3; Food Protection: 3) and inclusion of



ormance standards

inding (not stamng related).

