



**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

\_\_\_\_\_ **NEW**    \_\_\_\_\_ **REMODEL**    \_\_\_\_\_ **CONVERSION**

Date of Application: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Category:    Restaurant \_\_\_\_\_    Daycare \_\_\_\_\_    Convenience/Retail Store \_\_\_\_\_    Other \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers of Establishment: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title (owner, manager, contractor, architect, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hours of Operation: (Include the hours personnel arrive and leave the establishment)

Mon \_\_\_\_\_      Tues \_\_\_\_\_      Wed \_\_\_\_\_      Thurs \_\_\_\_\_

Fri \_\_\_\_\_      Sat \_\_\_\_\_      Sun \_\_\_\_\_

Number of Seats in Establishment: \_\_\_\_\_

Number of Staff: \_\_\_\_\_  
(Maximum per shift)

Total Square Feet of Facility: \_\_\_\_\_

Maximum Meals to be Served:  
(approximate number)

Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_

Projected Date for Start of Project: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Type of Service:  
(check all that apply)

Sit Down Meals \_\_\_\_\_  
Take Out \_\_\_\_\_  
Caterer \_\_\_\_\_  
Other \_\_\_\_\_

Please enclose the following documents:

- Proposed Menu
- Grease Trap Specifications
- Equipment Schedule
- Manufacturer Specification sheets for each piece of equipment shown on the plans
- Proposed Layout (elevated drawings of all food equipment).
- Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases.
- Plumbing Schedule
- Mechanical Plans
- Lighting Schedule

### FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Goods (PHF's) to be handled, prepared and served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger, sliced meats, fillets)	( )	( )
2. Thick meats, whole poultry (roast beef, whole turkey, chickens, hams)	( )	( )
3. Cold processed foods (salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (pies, custard, cream fillings and toppings)	( )	( )
6. Other _____ _____		

### PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

#### FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for frozen foods \_\_\_\_\_,  
Refrigerated foods \_\_\_\_\_, and Dry goods \_\_\_\_\_.

2. Provide information on the amount of space (in cubic feet) allocated for:  
Dry storage \_\_\_\_\_,  
Refrigerated storage \_\_\_\_\_, and  
Frozen storage \_\_\_\_\_.

3. How will dry goods be stored off the floor?  
\_\_\_\_\_

**COLD STORAGE:**

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41 degrees F and below? YES / NO

Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO

If yes, how will cross contamination be prevented?

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3. Is there a bulk ice machine available? YES / NO

**THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:**

Indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also indicate where thawing will take place.

Thawing Method	*Thick Frozen Foods	*Thin Frozen Foods
Refrigeration		
Running Water Less than 70 degrees F		
Microwave (as part of the cooking process)		
Cooked from frozen state		
Other (describe)		

\*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

**COOKING**

List types of cooking equipment.

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**HOT/COLD HOLDING:**

1. How will hot PHF's be maintained at 140 degrees or above during holding for service?

Indicate type and number of hot holding units.

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2. How will cold PHF's be maintained at 41 degrees F or below during holding for service?  
Indicate type and number of cold holding units.

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**COOLING:**

Please indicate by checking the appropriate boxes how PHF will be cooled to 41 degrees F within 6 hours (140 to 70 in 2 hours and 70 to 41 in 4 hours). Also, indicate where the cooling will take place.

<b>COOLING METHOD</b>	<b>THICK MEATS</b>	<b>THIN MEATS</b>	<b>THIN SOUPS/ GRAVY</b>	<b>THICK/SOUPS/GRAVY</b>	<b>RICE/BEANS /NOODLES</b>
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

**REHEATING**

1. How will PHFs that are cooked, cooled and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 degrees F for 15 seconds.? Indicate type and numbers if units used for reheating foods.

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2. How will reheating food to 165 degrees F for hot holding be done rapidly and within 2 hours?

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**PREPARATION**

1. Please list types of foods prepared more than 12 hours in advance of service.

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2. Will food employees be trained in good food sanitation practices? YES / NO

Method of training:

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Numbers(s) of employees: \_\_\_\_\_

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Is there a written policy to exclude or restrict workers who are sick or have infected cuts and lesions? YES / NO

Please describe:

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5. How will cooking equipment, cutting boards, countertops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: \_\_\_\_\_

Concentration: \_\_\_\_\_

Test Kit: YES / NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES / NO

If not, how will ready-to-eat foods be cooled to 41 degrees F?

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7. Will all produce be washed on-site prior to use? YES / NO

Is there a planned location used for washing produce? YES/ NO

Describe \_\_\_\_\_

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If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

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8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41-140 degrees F) during preparation.

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9. Will the facility be serving food to a highly susceptible population? YES / NO

**FINISH SCHEDULE**

Applicant must indicate which materials (quarry tile, stainless steel, 4” plastic coved molding, etc.) will be used in the following areas.

	<b>FLOOR</b>	<b>COVING</b>	<b>WALLS</b>	<b>CEILING</b>
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage &amp; Refuse Storage</b>				
<b>Mop Sink area</b>				
<b>Warewashing Area</b>				
<b>Walk-in Freezer</b>				
<b>Walk-in Cooler</b>				

**INSECT AND RODENT CONTROL**

Please check appropriate boxes.

	<b>YES</b>	<b>NO</b>	<b>NA</b>
1. Will all outside doors be self-closing and rodent proof?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do all operable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the are around the building clear of unnecessary brush and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will air curtains be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GARBAGE AND REFUSE**

<b><u>Inside</u></b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
1. Is there an area designated for garbage can or floor mat cleaning?	( )	( )	( )

<b><u>Outside</u></b>			
2. Will a dumpster be used? Number _____ Size _____ Frequency of pickup _____	( )	( )	( )
3. Will a compactor be used? Number _____ Size _____ Frequency of pickup _____	( )	( )	( )
4. Will garbage cans be stored outside?	( )	( )	( )

5. Describe surface and location where dumpster/compactor/garbage cans are to be stored:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe location of grease storage receptacle:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is there an area to store recycled containers	( )	( )	( )
Describe _____			
_____			

8. Is there an area to store returnable damaged goods?	( )	( )	( )
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**PLUMBING CONNECTIONS**

	<b>AIR GAP</b>	<b>*INTEGRAL TRAP</b>	<b>*“P” TRAP</b>	<b>VACUUM BREAKER</b>	<b>BACKFLOW PREVENTOR</b>
<b>Toilet</b>					
<b>Urinals</b>					
<b>Dishwasher</b>					
<b>Ice Machines</b>					
<b>Sinks:</b> a. Mop b. Handwash c. 3-comp d. 2-comp e. 1-comp					
<b>Steam tables</b>					
<b>Dipper wells</b>					
<b>Condensate/ Drain lines</b>					
<b>Hose connection</b>					
<b>Spray hose/ 3-comp sink</b>					
<b>Beverage dispenser w/ carbonator</b>					
<b>Other</b> _____					

**\*TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A “P” trap is a fixture trap that provides a liquid seal in the shape of a letter “P”. Full “S” traps are prohibited.

Are floor drains provided and easily cleanable, if so, indicate location:

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**WATER SUPPLY**

1. Is ice made on the premises ( ) or purchased commercially ( )?  
If made on premise, are specifications for the ice machine provided? YES ( ) NO ( )

2. Is ice bagged for retail sale on the premises? YES ( ) NO ( )  
Do you have the required manufacturing permit from the Texas Department of State Health Services?  
YES ( ) NO ( )

Describe provision for ice scoop storage:

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Provide location of icemaker or bagging operation:

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3. What is the capacity of the hot water heater?

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4. Is the hot water heater sufficient for the needs of the establishment? Provide the calculations used for determining the size of the hot water heater.

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5. Is there a water treatment device? YES ( ) NO ( )  
If yes, how will the device be inspected and serviced?

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6. How are backflow prevention devices inspected and serviced?

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**SEWAGE DISPOSAL**

1. Is a grease trap provided? YES ( ) NO ( )  
If yes, where

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Grease trap size: \_\_\_\_\_

Provide schedule for cleaning and maintenance \_\_\_\_\_

**DRESSING ROOMS**

1. Are dressing rooms provided? YES ( ) NO ( )

If no, describe storage facilities for employees' personal belongings (i.e., purse, coats, etc.)

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**GENERAL**

1. Are insecticides stored separately from cleaning and sanitizing agents? YES ( ) NO ( )

Indicate location: \_\_\_\_\_

2. Are all toxics for use on the premises or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ( ) NO ( )

3. Will linens be laundered on site? YES ( ) NO ( )

If yes, what will be laundered and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, how will linens be cleaned?

\_\_\_\_\_

4. Is a laundry dryer available? YES ( ) NO ( )

5. Location of dirty linen storage:

\_\_\_\_\_

6. Location of dirty linen storage:

\_\_\_\_\_

**SINKS**

1. Is a mop sink present? YES ( ) NO ( )

If no, please describe facility for cleaning of mops and other equipment.

\_\_\_\_\_  
\_\_\_\_\_

2. If the menu dictates, is a food preparation sink present? YES ( ) NO ( )

**DISHWASHING FACILITIES**

1. Will sinks or a dishwasher be used for dishwashing?

Dishwasher ( )

Three compartment sink ( )

2. Dishwasher

Type of sanitization used:

Hot water (temperature provided) \_\_\_\_\_

Booster heater \_\_\_\_\_

Chemical type \_\_\_\_\_

Is ventilation provided? YES ( ) NO ( )

3. Do all dish machines have templates with operating instructions? YES ( ) NO ( )

4. Do all dish machines have temperature/pressure gauges that are accurately working? YES ( ) NO ( )

5. Does the largest pot and pan fit into each compartment of the 3-comp sink? YES ( ) NO ( )  
If no, what is the procedure for manual cleaning and sanitizing?

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6. Are there drain boards on both ends of the 3-comp sink? YES ( ) NO ( )

7. What type of sanitizer is used?

Chlorine ( )

Quaternary ammonium ( )

Iodine ( )

Hot Water ( )

### **HANDWASHING/TOILET FACILITIES**

1. Is there a handwashing sink in each food preparation and warewashing area? YES ( ) NO ( )

2. Do all handwashing sinks have a mixing valve or combination faucet? YES ( ) NO ( )

3. Do self-metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ( ) NO ( )

4. Are all toilet room doors self-closing? YES ( ) NO ( )

5. Are all toilet rooms equipped with adequate ventilation? YES ( ) NO ( )