

Please note: This application completed in it's entirety with all questions answered and submitted with the plans, proposed menu, complete equipment schedule, and schedule requested herein along with any necessary plan review fee paid before the review will be initiated.

CITY OF STAFFORD
FOOD ESTABLISHMENT PLAN REVIEW APPLICATION
Please print or type legibly

Date: _____ NEW REMODEL CONVERSION

Name of Establishment: _____

Category: Restaurant Institution Daycare Retail Market Other _____

Address of Establishment: _____

Phone (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Applicant's Name: _____

Title: (owner, manager, architect, contractor, etc.) _____

Mailing Address: _____

Telephone: _____ Cell: _____

Email: _____ Fax: _____

Hours of Operation:

Mon: _____ Tues: _____ Wed: _____

Thurs: _____ Fri: _____

Sat: _____ Sun: _____

Projected Date for Completion of Project: _____

Total Sq. footage of facility: _____ Total sq. footage of food prep area: _____

Dry Storage area: _____ Dishwashing area: _____

Total number of seats: _____

Number of Staff: _____ (Maximum per shift)

Maximum Meals to be served:

Breakfast: _____

Lunch: _____

Dinner: _____

Type of Service:
(Check all that applies)

Sit Down Meals _____

Take Out _____

Catering _____

Other _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

Proposed Menu (including seasonal, off-site and banquet menus)

Manufacturer Specification sheets for each piece of equipment shown on the plan

Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, etc.)

Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation.

Equipment Schedule

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 X 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/2 inch = 1 foot. This is to allow for ease in reading plans.

2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation and dishwashing areas.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilet rooms, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedules including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connection;
 - d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 Inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - (2) At least 220 lux (20 foot candles);
 - (a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - (b) Inside equipment such as reach-in and under-counter refrigerators;
 - (c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and

(3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.

- e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).
- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with.
- g. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensils (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
- h. Ventilation schedule for each room;
- i. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- j. Garbage can washing area/facility;
- k. Cabinets for storing toxic chemicals;
- l. Dressing rooms, locker areas, employee rest areas, and/or coat rack;
- m. Completed Section 1.
- n. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (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, custards, cream fillings & 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 of the floor?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5°C) and below? **YES or NO**

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods (ie..fruits, vegetables, bread, etc.?) **YES or NO**

If yes, how will cross-contamination be prevented?

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

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please 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°F (21°C)		
Microwave (as part of 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.

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 135°F (60°) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for services? Indicate type and number of cold holding units.

COOLING:

Please indicated by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (135°F to 60°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES/ BEANS
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill (freezer)					

Other (describe)					
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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°F for 15 seconds. Indicate type and number of units used for reheating foods.

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

PREPARATION:

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

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

Method of training:

Number of Employees: _____

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

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES / NO** **Please describe or attach a copy of policy**

5. Explain how clean-in-place equipment, cutting boards, counter tops and other such food contact surfaces which cannot be submerged in sinks or put through a dishwasher will be sanitized?

Type of chemical to be used for sanitation: _____

Concentration: _____

Test kit on site: **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 NO, how will ready-to-eat foods be chilled to 41°F within 2 hours?

7. Will all produce be washed on-site prior to use? **YES / NO**
Is there a planned location used for washing produce? Please describe

If NO, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

8. Describe the procedure used for minimizing the length of time PHFs will be kept in the temperature danger zone (41°F - 135°F) during preparation.

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population? **YES or NO**

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

FINISH SCHEDULE

Applicant must indicate what type of materials (ie...quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				

Mop Service Basin Area				
Warewashing Area				
Walk-In Refrigerators and Freezers				

INSECT AND RODENT CONTROL

Please check appropriate boxes

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof?	()	()	()
2. Are screen doors provided on all entrances open to the outside?	()	()	()
3. Do all openable windows have a minimum #16 mesh screening?	()	()	()
4. Is the placement of electrocution devices identified on the plan?	()	()	()
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	()	()	()
6. Is the area around building clear of unnecessary brush and other harborage?	()	()	()
7. Will air curtains be used? If yes, where? _____	()	()	()

GARBAGE AND REFUSE

Inside

1. Will refuse be stored inside?	()	()	()
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If so, where?

2. Is there an area designated for garbage can or floor mat cleaning? () () ()

Outside

3. Will a dumpster be used? _____ () () ()

Number _____ Size _____

Frequency of Pickup _____

Contractor _____

Enclosure YES / NO

Hot & cold running water within 100 ft. of dumpster enclosure YES / NO

(For cleaning purposes)

4. Will a compactor be used? () () ()

Number _____ Size _____

Frequency of pick up _____

Contractor _____

5. Will garbage cans be stored outside? () () ()

6. Describe surface and location where dumpster/compactor/garbage cans are to be stored.

7. Describe location of grease storage receptacle.

8. Is there an area to store recycled containers? () () ()

Describe location:

Indicate what materials are required to be recycled:

() Glass

() Metal

() Paper

() Cardboard

() Plastic

9. Is there any area to store returned damaged goods () () ()

Where:

PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	INTEGRAL TRAP	"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machine(s)						
Ice Storage Bin						
Steam Tables						
Mop Sink						
Janitor Sink						
Handwash Sink						
Three (3) Compartment Sink						
Two (2) Compartment Sink						

One (1) Compartment Sink						
Water Station						
Dipper Wells						
Condensate/drain lines						
Hose Connection						
Potato peeler						
Beverage Dispenser w/carbonator						
Other _____						

***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 the letter "P". Full "S" traps are prohibited.

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

WATER SUPPLY

1. Is ice made **on premise** Or **Purchased commercially?** Please circle.
If made on premise, are specifications for the ice machine provided? **YES or NO**

2. Describe provision for the storage of the ice scoop. _____

3. Provide location of ice maker and / or bagging operation.

4. Will ice be sold **commercially** or used for **establishment's** own use or **both**?
Please circle

5. If bagged and sold commercially, has a permit been obtained from the State of Texas for the operation of manufacturing ice? **YES or NO**
State of Texas Permit number _____

6. Is bagged ice labeled with Name and Address of manufacturer **YES or NO**

7. What is the capacity of the water heater? _____

8. Is there a water treatment device? **YES or NO**
If yes, how will the device be inspected and serviced?

9. How is backflow prevention devices inspected & serviced?

SEWAGE DISPOSAL

1. Is a grease trap required? **YES or NO**
If yes, please attach permit/approval from W.C. & I.D. #2

2. What size is grease trap if required? _____

Provide schedule for cleaning & maintenance of grease trap.

DRESSING ROOMS

1. Are dressing rooms provided? **YES or NO**

2. Describe storage facilities (lockers) for employees' personal belongings (i.e... purses, cell phones, keys, umbrellas, coats, extra clothes, etc.)

GENERAL INFORMATION

1. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents? **YES or NO**

Indicate location or each:

2. Are all toxic items for use on the premises or for retail sales (this includes personal medications) separated from food, food preparation, and storage areas? **YES or NO**

3. Will linens be laundered on site? **YES or NO**
 If yes, what will be laundered and where?

If no, how will linens be cleaned? _____

4. Is a laundry dryer available? **YES or NO**

5. Location of clean linen storage: _____

6. Location of dirty linen storage: _____

VENTILATION:

1. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS AND/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

2. How is each listed ventilation hood system cleaned?

SINKS

1. Is a mop sink present? **YES or NO**

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

1. If the menu dictates, is a food preparation sink present? **YES or NO**

DISHWASHING FACILITIES

1. What type of ware washing facilities will be used? Please indicate all applicable.

Commercial Dishwasher ()

Type: please circle

- a. Stationary rack single temperature
- b. Stationary rack dual temperature
- c. Single tank, conveyor, dual temperature
- d. Multitank, conveyor, multitemperature

Three Compartment Sink ()

2. What type of sanitizer is to be used:

Commercial Dishwasher: **Chemical or Heat**

If chemical, what type will be used? Please circle

Chlorine Quaternary Ammonium Iodine Hot water Other

Is ventilation provided? **YES or NO**

3. Does dish machine have template with operating instructions? **YES or NO**

4. Does dish machine have temperature/pressure gauges? **YES or NO**

5. Does the largest pot and pan fit into each compartment of the pot sink? **YES** or **NO**

If no, what is the procedure for manual cleaning and sanitizing of pots and pans?

6. Are there drain boards on both ends of pot sink? **YES** or **NO**

7. What type of all purpose sanitizer(s) is used throughout establishment excluding dishwasher?

- a. Chlorine ()
- b. Iodine ()
- c. Quaternary ammonium ()
- d. Hot Water ()
- e. Other () type: _____

HANDWASHING/ TOILET FACILITIES

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

2. Is a handwash sink located within 20' of all preparation and warewashing areas **YES** **NO**

3. Do all hand washing sinks, including those in the restrooms, have mixing valve or combination faucet? **YES** **NO**

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

5. Is hand cleanser available at all handwashing sinks? **YES** **NO**

6. What means will be used for hand drying? I.e... single use towels, air blowers, etc. List

7. Are covered waste receptacles available in each restroom? **YES** **NO**

8. Is hot and cold running water under pressure available at each handwashing sink? **YES** **NO**

9. Are all toilet room doors self-closing? **YES** **NO**

10. Are toilet rooms equipped with adequate ventilation?

YES NO

SIGNAGE

1. Are hand washing signs or posters located at **ALL** hand washing sinks and in all employee restrooms? YES NO

2. Is a Heimlich poster located within the dining area accessible for public viewing? YES NO

3. Does menu or signage inform consumer of danger associated with the consumption of raw or undercooked animal foods and/or shellfish? YES NO

Small Equipment Requirements

Please specify the number, location, and types of each of the following:

- Slicers _____
- Cutting Boards _____
- Can Openers _____
- Mixers _____
- Floor mats _____
- Other _____

This application is complete and if the plans and specifications are approved, I will construct this facility in full compliance with them and in conformance with the Texas Food Establishment Rules.

Signature of Owner

Printed Name of Owner

Signature of Applicant (if different from above)

Printed Name of Applicant (if different from above)