

Please note: This application MUST be completed in its' 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 of establishment (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: _____

and sizes of Shelves in Dry Storage: _____

Dry Storage Shelf size: _____

Total number of seats: _____

Dry Storage Shelf size: _____

Number of Staff: _____

Dunnage Rack: _____

(Maximum per shift): _____

Can Rack: _____

Dry Storage area: _____

Maximum Meals to be served:

Dishwashing area: _____

Breakfast: _____

Lunch: _____

Sit Down Meals: _____

Dinner: _____

Take Out: _____

Type of Service:
(Check all that applies)

Catering (Daycares) _____

Other _____

**ENCLOSE THE FOLLOWING DOCUMENTS FOR A PLAN REVIEW
SUBMITTAL:** Plans will not be reviewed without these items

- Proposed Menu (including seasonal, off-site and banquet menus) and proposed source of foods used in menus.**
- Manufacturer Specification sheets for each piece of equipment shown on the plan including storage racks & sizes, sinks, mop sinks, etc.**
- Site plan showing location of business; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease traps etc.)**
- Two sets of plans drawn to scale of food establishment showing location of stationary and non-stationary equipment, dry good storage, chemical storage, dirty/clean laundry storage, employee lockers, storage, plumbing, electrical services and mechanical, and ventilation.**

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. Approval letter from W.C. & I. D. #2 located at 2331 S. Main, Stafford, TX, for the grease trap.
4. Indicate the location and when requested, elevated drawings of stationary and non-stationary 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.
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. Hand wash sink must be located within 20' of all preparation and/or service area.
7. On the plan, represent auxiliary areas such as dry storage rooms, garbage rooms, toilet rooms, chemical storage, and clean dish storage. Show all features of these rooms as required by this guidance manual.
8. 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 108 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 215 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). Spec sheets on each piece of equipment.
 - 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. A letter is required from W.C. & I. D. #2 stating whether a grease trap is required or not.
 - g. A mop sink or curbed cleaning facility with facilities for hanging wet mops; Show racks & shelving within area.
 - h. Garbage can washing area/facility;
 - i. Cabinets and/or area used for the storing of toxic chemicals;
 - j. Dressing rooms, locker areas, employee rest areas, and/or coat rack; Lockers are required for each employee
 - k. Completed Section 1.
 - l. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of **Time/Temperature Control for Food Safety (TCS)** 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 ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from an inspected and approved sources? **YES** **NO**
2. What are the projected frequencies of deliveries for Frozen foods _____ ,
Refrigerated foods _____ , Delivery and pickup of Kitchen laundry _____
And Dry goods/chemicals _____ .

COLD STORAGE:

1. Please provide size and type of refrigeration and freezer units below:

Type	How Many Units	Interior Storage in cu. Ft.	Dimensions of unit L" X W" X H"	Number of Shelves	Number of Doors
Reach-In Cooler					
Reach-In Freezer					
Walk-In Cooler					
Walk-In Freezer					
Sandwich/Undercounter Unit					
Pizza Table					
Chef Base / Drawers					
Other					

Reference 228.75(f)(1)(A) thru 228.106(k)(2)(A); 228.75(e)(1) thru 228.225 (g); and 228.75(c)(1) thru 228.75(b)(2)

Please use the back of sheet if establishment has more units that could not be noted above.

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

If yes, describe how cross-contamination will be prevented?

Reference 228.65(b) thru 228.74(a)

3. Is there a bulk ice machine available? **YES or NO**
 What will be the ice be used for? (i.e.... cooling, consumption, etc.)

How frequent will you schedule the cleaning of Ice Machine _____
Reference 228.113 (1) thru 228.68 (g) (2)

THAWING FROZEN TCS, TIME /TEMPERATURE CONTROL FOR FOOD SAFETY:

Please indicate by checking the appropriate boxes how frozen (TCS) Time/Temperature Control for Food Safety 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)		

Reference: 228.075(c)(1) thru 228.75(b)(2)

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.
Use the back of the paper for more information

COOKING:

List all cooking and/or heating appliances with sizes

Type	Number of units	Size	Gas / Electric	Capacity
Oven				
Flat Top				
Microwave				
Fryer				
4, 6, 8 Burner Top				
Tilt Skillet				
Steamer				
Other				

***Use additional paper for other appliances**

1. Temperature measuring devices (Probes):

- a. Will food product temperature measuring devices be used to measure final cooking /reheating temperatures of TCS foods? **YES NO**
- b. Will these temperatures be kept in a log **YES NO**
- c. What type of food product temperature measuring devices will be used?

- d. How many food temp measuring devices will be on site? _____
- e. Where will the thermometers be located? _____

Minimum cooking time and temperatures- See TFER

Ref. 228.71(a) thru 228.72(b)(3)

EXAMPLE

145°(63° Celsius) for 15 seconds

- a. Raw shell eggs broken in response to immediate service order.
- b. Fish, meat, pork including games and exotic animals commercially raised.

155°(68° Celsius) for 15 seconds

- a. ratites and injected meats, comminuted raw animal food. i.e. hamburger

165° (74° Celsius) for 15 seconds

- a. Poultry, Baluts, Wild game animals and exotic animals
- b. stuffed fish, meats, pasta, poultry, ratites,

Hot holding

135°

Cold holding

41°

Reheating all parts of food item

165° - 15 seconds

- f. Will there be temperature measuring devices in all heating & cooling appliances? **YES NO**
- g. How will these devices be monitored?

HOT/COLD HOLDING:

1. How will hot TCS (Time/Temperature Control for Food Safety) be maintained to a minimum of 135°F (60°) or above during holding for service? Indicate type, size, and total number of hot holding units.

TYPE OF HOT HOLDING APPLIANCE	SIZE	TOTAL APPLIANCES

Reference: 228.75(f)(1)(A) thru 228.106(k)(2)(B)

Describe maintenance of units:

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

TYPE OF COLD HOLDING APPLIANCE	SIZE	TOTAL APPLIANCES

228.75(f)(1)(B) thru 228.106 (k)(2)(A)

Describe maintenance of units:

REHEATING

1. List all menu items that will be cooked, cooled, and reheated: (attach a paper for additional information or diagram from the menu)

2. Indicate the process of how food items will be rapidly reheated to 165°F for 15 seconds within 2 hours for hot holding.

228.73(a) thru 228.73(e)

COOLING:

Please indicate by checking the appropriate boxes the process that will be used when cooling TCS's under the following approved time and temperature limits:

41°F (5°C) within 6 hours (135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours)

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

Ref: 228.75(d)(1)(A) thru 228.71(d)(2)

PREPARATION:

1. Please list foods prepared more than 12 hours in advance of service. Again you may use your menu to explain each dish.

2. 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? Please describe

Ref: 228.75(d)(3)

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

4. Will there be any special additive wash used to clean produce? **YES / NO**
 Please describe

Ref: 228.66(d)(1) thru 228.206(d)(2)

5. How will you ensure the sink(s) in which you clean your produce does not have any prior contamination?

Ref: 228.113(1) thru 228.68(g)(2)

6. Indicate the foods that "Time as a Public Health Control" will be used instead of temperature:

Food Item	Length of Time of Food Storage	Food Item	Length of Time of Food Storage

Ref: 228.75(i)(1) thru 228.225(d)

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

8. What foods will you use a specialized processing method such as vacuum packaging, smoking meat items, or using a sous-vide process to partially cook a food item, vacuum package, chill, and finish cooking process on a subsequent day? Please list below and the process.

FOOD ITEM	PROCESS OR METHOD

Ref: 228.76(1) thru 228.186(k)(3)

Attach a HACCP plan for specialized processing methods

9. HIGHLY SUSCEPTIBLE POPULATION--- Does the facility serve a highly susceptible population? (Daycare, Nursing Home, Hospital)? **YES / NO**

a. Will the facility meals prepared on site? **YES / NO**

b. Will the facility bring meals in through a catering service? **YES / NO**

Please list name, address, and phone # for catering service

c. Will meals be served in a classroom, designated cafeteria, or room in which they stay:

Please indicate appropriate location

d. How will the temperatures of food be maintained while being transferred between the kitchen and service area? And Caterer and Establishment?

Ref: 228.82(1)(B) thru 228.82(5)

EMPLOYEES:

1. List ALL Certified Food Managers below. **(At all times at least one Certified Food Manager must be in food establishment during all hours.) (All Certified Food Manager Certificates must be posted in front of the establishment)**

Name	Name of Course i.e..Serv Safe, etc.	Certification Number	Expiration Date

Ref: 228.31(a) thru 228.224(l)

2. List ALL Certified Food Handlers below:

Name	Name of Course i.e..Serv Safe, etc.	Certification Number	Expiration Date

Ref: 228.33(c) thru 228.70(e)(3)

3. Number of Employees: _____ Number of Management: _____

Total number of employees _____

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**

Ref: 228.65(a)(5)(C) thru 228.252(a)(1); and 228.36 thru 228.42(b)

5. Explain how RTE (**Ready to eat foods: Food items that require no heating, or will not have further heating prior to being served to the customer.**) will be handled?

Reference: 228.38(a) thru 228.68 (e)(4)

6. Are dressing rooms provided for changing into uniform **YES or NO**

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

FINISH SCHEDULE

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

	FLOOR	FLOOR COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Walk-In Refrigerators and Freezers				
Warewashing Area				

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, list all areas where they will be used.	()	()	()

GARBAGE AND REFUSE

YES **NO** **NA**

Inside

1. Will refuse be stored inside? If so, where?	()	()	()
<hr/>			
2. Is there an area designated for garbage can or floor mat cleaning? Where? Indicate on the plans	()	()	()
<hr/>			
3. Are inside trash cans covered with a lid?	()	()	()

SINKS- Please fill out in its entirety

TYPE	# OF EACH SINK	DIMENSIONS	LOCATION OF SINK	USE OF SINK	CLEANING METHOD
Mop/Service Sink					
Hand wash Sink					
3 Compartment Sink					
2 Compartment Sink					
1 Compartment Sink-					
Steam Table					
Ice Machine					
Beverage Dispenser					
Water Station (if separate from soda machine)					
Ice Storage Bins					
Dipper Wells					
Dishwasher					
Steam Table					
Garbage Grinder					
Beverage Dump Sink					

WATER SUPPLY

Please circle one

9. Is ice made **On premise** Or **Purchased commercially?**

10. Describe provision for storage of the ice scoop to ensure a clean & sanitized condition.

11. Provide location of ice maker(s) and / or bagging operation.

Please circle one

12. Will ice be sold **commercially** OR used for **establishment's own use** OR **both?**

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

a. State of Texas Permit number/license # _____

b. Expiration Date: _____

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

15. Name & Address of Manufacturer

SEWAGE DISPOSAL

1. Is a grease trap required? **YES or NO**

Attach approval or letter from W.C. & I.D. #2
(2331 South Main St., Stafford, TX 77477) (281-499-1031)

2. What size is the grease trap (if required)? _____

Provide schedule for cleaning & maintenance of the grease trap.

Toxic Materials

Circle one yes or no

1. Are insecticides / rodenticides stored separately from cleaning & sanitizing agents?
Indicate location of chemical storage on the plan **YES or NO**
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? Indicate on plan.

If no, how will linens be cleaned?

4. Is a laundry dryer on premise? **YES or NO**
5. Indicate location of clean linen storage: _____
6. Indicate location of dirty linen storage: _____
7. Who is the linen contractor: _____
8. Frequency of dirty linen pick up: _____
9. Frequency of clean linen delivery: _____

VENTILATION:

1. Indicate all areas where exhaust hoods are installed: (Any process that will produce grease laden vapors)

LOCATION	FILTERS AND/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION (Yes or No)

16. How will each ventilation system be clean?

FREQUENCY OF CLEANING:	ESTABLISHMENT CLEANED	CONTRACTOR CLEANED	OTHER
Filters			
Plenum			
Entire Hood System			
Other			

DISHWASHING FACILITIES

Please circle one

1. Will a **3 compartment sink** or a **mechanical dishwasher** be used for cleaning wares?

2. What type of commercial dishwasher 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. Multi-tank, conveyor, multi-temperature

3. What type of sanitizer will the dishwasher use: **Chemical** or **Heat**

If chemical, what type will be used? Please circle

Chlorine

Quaternary Ammonium

Iodine

4. Does dish machine have placard with operating instructions? **YES** or **NO**

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

Three Compartment Sink

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 (3 comp) sink? **YES** or **NO**

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

8. 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 ()

9. Will test(s) kits for measuring concentration of sanitizer be on site and where? **YES / NO**

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 & single use towels 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**
- 11. Do toilet rooms open up directly into the food preparation area **YES NO**
If Yes, explain how in the event of a sewer back up, you will protect the food from contamination.

- 12. Is a hand wash sink located within 20 ft. of all preparation, dishwashing, and employee rest areas? **YES NO**
- 13. Do all hand wash sink that are located within 18" from a dishwashing, food or food contact surfaces equipped with splash guards? **YES NO**

SIGNAGE

2. Are hand washing signs or posters located at **ALL** hand washing sinks including restrooms and employee restrooms? **YES NO**

3. Does menu or signage inform consumer of dangers (Consumer Advisory) associated with the consumption of raw or undercooked animal foods or not otherwise processed to eliminate pathogens and know allergens **YES NO**

Does disclosure include?

a. A description of the animal-derived foods, i.e., oysters on the half shell (raw oysters), raw-egg Caesar salad, and hamburgers cooked to order? **YES NO**

b. Identification of the animal-derived food by asterisking them to a footnote **YES NO**

c. Reminder- asterisking the animal-derived foods requiring disclosure **YES NO**
Ref: 228.80(a) thru 228.80(c)(3)

4. Are bulk food consumer self-dispensing containers labeled with the following:
a. Manufacturer's or processor's label **YES NO**

5. Is there a card, sign, or other effective means of notification displayed to notify consumers that clean tableware are required upon return to a self-service area such as a Salad Bar?
Ref: 228.68(f)(2) **YES NO**

Miscellaneous

1. Are all food contact surfaces smooth; free of breaks, cracks, chips, inclusions, pits, etc.; free of sharp internal angles, corners, and joints; and easy to clean without disassembly with tool? **YES NO**

2. Are there written cleaning assignment for employees on a daily, weekly, and monthly basis? **YES NO**

If yes, please provide a copy.

3. Is a First-Aid kit available for use by employees and stored as to prevent contamination of food, equipment, utensils, linens, and single use service items? **YES NO**

4. Describe the procedure for cleaning and sanitizing multiple use sinks between uses or before use.

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation of the above without prior permission granted by the City of Stafford may nullify final approval

Signature of Owner

Printed Name of Owner

Signature of Applicant (if different from above)

Printed Name of Applicant (if different from above)

Title of Applicant (if not the owner)

Phone number

Date

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

City of Stafford, Health Officer
Approval

Date