



**FARMERS
BRANCH**

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Type of construction: NEW _____ REMODEL _____
Name of establishment: _____
Address: _____ Suite #: _____
City: _____ Zip Code: _____ County: _____
Phone: _____ Fax: _____ Email: _____

Owner or Owner's Representative: _____
Address: _____ Suite #: _____
City & State: _____ Zip Code: _____ County: _____
Phone: _____ Fax: _____ Email: _____

Applicant: _____
Address _____ Suite #: _____
City & State: _____ Zip Code: _____ County: _____
Phone: _____ Fax: _____ Email: _____
Title: (Owner, manager, architect, etc.): _____

I hereby certify the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Signature: _____
(Owner or responsible representative)

Hours of operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____
 Projected number of meals to be served: Breakfast _____ Lunch _____ Dinner _____
 Number of seats: _____ Facility total square feet: _____
 Projected start date of construction: _____ Projected completion date: _____

TYPE OF FOOD SERVICE:

_____ Restaurant
 _____ Food stand
 _____ Drink stand
 _____ Commissary
 _____ Meat market
 _____ Other (explain :)

CHECK ALL THAT APPLY

_____ Sit-down meals
 _____ Take-out meals
 _____ Catering
 Single-service (disposable):
 _____ Plates _____ Glassware _____ Silverware
 Multi-use (reusable):
 _____ Plates _____ Glassware _____ Silverware

Check categories of Potentially Hazardous Food (PHF) to be prepared and served:

1. _____ Meat
2. _____ Seafood
3. _____ Poultry
4. _____ Other

COLD STORAGE

Provide the method used to determine cold storage requirements:

Provide total square-feet of space dedicated to walk-in cold storage:

- a) Walk-in refrigeration storage: _____
- b) Walk-in freezer storage: _____

Provide total square feet of space dedicated to reach-in cold storage:

- a) Reach-in refrigeration units: _____
- b) Reach-in freezer storage: _____

Number of refrigeration units: _____

Number of freezer units: _____

THAWING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) in each category will be thawed. If "Other" is checked, indicate type of food:

| Thawing Process | Meat | Seafood | Poultry | Other |
|-------------------------------------|------|---------|---------|-------|
| Refrigeration | | | | |
| Running water less than 70° (21° C) | | | | |
| Cooked frozen | | | | |
| Microwave | | | | |

HOLDING

How will hot, potentially hazardous food (PHF) be maintained at 135°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

How will cold, potentially hazardous food (PHF) be maintained at 41°F (7°C) or below during holding for service? Indicate type and number of cold holding units.

List any food that will be held over 41°F and under 135°F for any of the following that apply, and indicate how long the food will be held in each category:

Storage:

Display:

Service:

COOLING

Indicate by checking the appropriate boxes how potentially hazardous food (PHF) will be cooled to 41°F (7°C) within 6 hours. If "Other" is checked indicate type of food:

| Cooling Process | Meat | Seafood | Poultry | Other |
|-----------------|------|---------|---------|-------|
| Shallow pans | | | | |
| Ice baths | | | | |
| Rapid chill | | | | |

How 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?

FOOD PREPARATION PROCEDURES

The food preparation procedures should include:

- Types of food prepared or handled
- Time of day food is prepared or handled
- Equipment used for preparation or handling

If your company has developed food preparation procedures, they should be submitted.

1. PRODUCE PREPARATION PROCEDURE

- a. Will produce be washed, rinsed or otherwise handled prior to use? YES ___ NO ___
- b. Is there a location used for washing or rinsing produce? YES ___ NO ___
- c. Will it be used for other operations? YES ___ NO ___

Indicate location of produce washing or handling equipment and describe the procedure. Include time of day and frequency of produce preparation, and menu items that contain produce.

2. SEAFOOD PREPARATION PROCEDURE

- a. Will seafood be washed, rinsed or otherwise handled prior to use? YES ___ NO ___
- b. Is there a location used for washing or rinsing seafood? YES ___ NO ___
- c. Will it be used for other operations? YES ___ NO ___

Indicate location of seafood washing or handling (cutting, marinating, shelling, shucking, etc.) equipment and describe the procedure. Include time of day and frequency of seafood preparation, and menu items that contain seafood.

3. POULTRY PREPARATION PROCEDURE

- a. Will poultry be washed, rinsed or otherwise handled prior to use? YES ___ NO ___
- b. Is there a location used for washing or rinsing poultry? YES ___ NO ___
- c. Will it be used for other operations? YES ___ NO ___

Indicate location of poultry washing or handling (cutting, marinating, etc.) equipment and describe the procedure. Include time of day and frequency of poultry preparation, and menu items that contain poultry.

4. PORK and/or RED MEAT PREPARATION PRODECURES
- a. Will meat be washed, rinsed or otherwise handled prior to use? YES ___ NO ___
- b. Is there a location used for washing or rinsing pork? YES ___ NO ___
- c. Will it be used for other operations? YES ___ NO ___

Indicate location of pork/red meat washing or handling (cutting, marinating, aging, etc.) equipment and describe the procedure. Include time of day and frequency of port and/or red meat preparation, and menu items that contain port/red meat.

DRY STORAGE

Provide information on the frequency of deliveries and the expected gross volume that is to be delivered each time:

Provide total square feet of shelf space dedicated to dry storage: _____

Where will dry goods be stored?

FINISH SCHEDULE

Indicate floor, wall and ceiling finishes (i.e., quarry tile, stainless steel, vinyl coated acoustic tile)

| Area | Floor | Base | Walls | Ceiling |
|--------------------------|-------|------|-------|---------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Dry Storage | | | | |
| Toilet Rooms | | | | |
| Dressing Rooms | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Basin Area | | | | |
| Other | | | | |
| Other | | | | |

WATER SUPPLY-SEWAGE

- Is water supply: Municipal ___ Well ___ Is sewer: Municipal ___ Septic ___
- Will ice: be made on premised ___ or purchased ___
- Water heater make and model: _____
- Water heater storage capacity: _____ gallons

5. Water heater recovery rate (gallons per hour at 100°F temperature rise): _____ gallons per hour (See Water Heater Calculations Worksheet – page ____ to calculate recover rate needed.)
6. Check the appropriate box for indicating equipment drains:

| Plumbing Fixtures | Indirect Waste | | | Direct Waste |
|--------------------------|----------------|-----------|-------------|--------------|
| | Floor Sink | Hub Drain | Floor Drain | |
| Dishwasher | | | | |
| Garbage Grinder | | | | |
| Ice Machine | | | | |
| Ice Storage Bins | | | | |
| Food Prep Sinks | | | | |
| Utensil / Pot Wash Sinks | | | | |
| Steam Tables | | | | |
| Dipper Wells | | | | |
| Refrigeration | | | | |
| Potato Peeler | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

DISHWASHING FACILITIES

a. Hand dishwashing

1. Number of sink compartment: _____
 Size of sink compartments (inches): Length _____ Width _____ Depth: _____
 Length of drain boards (inches): Right: _____ Left: _____
2. What type of sanitizer will be used?
 Chlorine: _____ Iodine: _____ Quaternary Ammonium _____ Hot Water: _____
 Other (specify): _____

b. Mechanical dishwashing

1. Will a Dishmachine be used? Yes _____ No _____
 Dishmachine manufacturer and model: _____
2. Type of sanitization: Hot water (180°F) _____ Chemical _____

c. General

1. Describe the procedure of how cooking equipment, cutting boards, counter tops and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized?
- _____
- _____
- _____
- _____

2. Describe location and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

Provide total square feet of air drying space: _____

HANDWASHING/TOILET FACILITIES

Is there a hand washing sink (with soap and hand-drying devise) in each food preparation and warewashing area? Yes _____ No _____

EMPLOYEE AREA

Is space provided for employee's personal items? Yes _____ No _____

GARBAGE AND REFUSE

1. Will refuse be stored inside? Yes _____ No _____
2. Provision for garbage disposal: Dumpster _____ Compactor _____
3. Provision for cleaning dumpster/compactor: On-site _____ Off-site _____
4. Describe location for storage of recyclables: (cooking grease, cardboard, glass, etc.)

CLEANING FACILITIES

1. Specify location and size of area for washing of garbage cans and storage of mops:

2. If a separate mop basin provided? YES _____ NO _____
3. Indicate location of cleaning chemical system and chemical storage:

INSECT AND RODENT

1. Are all outside doors self-closing with rodent-proof flashing? YES _____ NO _____
2. How is fly protection provided on all outside doors?
Self-closing door _____ Fly Fan _____ Screen Door _____
3. How is fly protection provided on windows?
Self-closing door _____ Fly Fan _____ Screening _____
4. Indicate location of insecticide/rodenticide storage:

5. Indicate location of clean linen storage:

6. Indicate location of dirty linen storage:

WATER HEATER SIZING

| Water Heater Calculation Worksheet | | | | | |
|---|----------|-------|------|--------------|-----|
| Equipment | Quantity | Times | Size | | GPH |
| One-Comp, Sink (see note) | | X | | - | |
| Two-Comp, Sink (see note) | | X | | - | |
| Three-Comp, Sink (see note) | | X | | - | |
| Four-Comp, Sink (see note) | | X | | - | |
| One-Comp, Prep Sink | | X | | - | |
| Two-Comp, Prep Sink | | X | | - | |
| Three-Comp, Prep Sink | | X | | - | |
| Three-Comp, Bar Sink (see note) | | X | | - | |
| Four-Comp, Bar Sink (see note) | | X | | - | |
| Hand Sink | | X | | - | |
| Pre-Rinse | | X | | - | |
| Can Wash | | X | | - | |
| Mop Sink | | X | | - | |
| Dishmachine | | X | | - | |
| Cloth Washer | | X | | - | |
| Hose Reel | | X | | - | |
| Other Equipment | | X | | - | |
| Other Equipment | | X | | - | |
| Gallons per house (GPH) Recovery Rate needed (based on 100°F temperature rise) | | | | Total | |
| | | | | | |
| | | | | | |
| | | | | | |

| | |
|---------------------------------|---|
| Note: GPH Calculation for Sinks | $\text{GPH} = (\text{Sink size in cu. In.}) \times (7.5 \text{ gal./cu. ft.}) \times (\# \text{ compartments} \times .75 \text{ capacity}) / 1,728 \text{ cu. In./cu. Ft.}$ |
| Short version for above | $\text{GPH} = (\text{Sink size in cu. In.}) \times (\# \text{ compartments}) \times (.03255/\text{cu. In.})$ Example: (24"x24"x14") x (3 compartments) x (.03255) = 79 GPH |