



TARRANT COUNTY PUBLIC HEALTH
Phone 817-321-4960 | Fax 817-321-4961
FOOD ESTABLISHMENT REVIEW APPLICATION

Public Health

Date: _____

NEW _____

REMODEL _____

Name of Establishment: _____

Category: Restaurant _____ Institution _____ Daycare _____

Retail Market _____ Other _____

Address _____

Phone # _____ Contact Phone # _____

Name of Owner _____

Address of Owner _____

Phone # _____ Cell # _____

Applicant's Name _____ Title _____

Address: _____

Phone # _____ Cell # _____

Email _____

Hours of Operation: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Sat _____ Sun _____

Number of Seats (including outdoor seating) _____

Number of Staff _____

Total Square Feet of Facility _____

Email _____

Check all that apply:

Meals to be served: Breakfast _____ Lunch _____ Dinner _____

Type of Service : Sit Down Meals _____ Caterer _____

Mobile Vendor _____ Take Out _____

Other _____

Projected Project Start Date _____ Completion Date _____

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 the building; location of the building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system – if applicable)

_____ 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 8 ½ X 11 inches in size including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. 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.
3. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
4. On the plan represent auxiliary areas such as store rooms, garbage rooms, toilets, basements and/ or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
5. Include and provide specifications for:
 - a. complete finish schedules for each room including floors, walls, ceilings and coved juncture bases
 - b. plumbing schedule 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 connections
 - c. lighting schedule with protectors
 - d. 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)
 - e. 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
 - f. ventilation schedule for each room including restrooms
 - g. mop sink or curbed cleaning facility with facilities for hanging wet mops and brooms
 - h. garbage can washing area/facility
 - i. cabinets for storing toxic chemicals
 - j. dressing rooms, locker areas, employee rest areas and/ or coat rack

FOOD SUPPLIES:

1. What are the projected frequencies of deliveries for:
frozen foods _____, refrigerated goods _____,
and dry goods _____.

2. How will dry goods be stored off of the floor? _____
3. Provide information on the amount of space (in cubic feet) allocated for:
 Dry storage _____ Refrigerator storage _____
 Frozen storage _____ Utensil storage _____

COOKING

List types of cooking equipment that will be used

FINISH SCHEDULE

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

| | Floor | Coving | Walls | Ceiling |
|------------------------------------|-------|--------|-------|---------|
| Kitchen | | | | |
| Bar | | | | |
| Food storage | | | | |
| Other storage | | | | |
| Toilet rooms | | | | |
| Dressing rooms | | | | |
| Garbage and refuse storage | | | | |
| Mop service basin area | | | | |
| Warewashing area | | | | |
| walk-in refrigerators and freezers | | | | |

INSECT AND RODENT CONTROL

1. Will outside doors be self-closing and rodent proof?
 _____ yes _____ no _____ n/a
2. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?
 _____ yes _____ no _____ n/a
3. Will air curtains be used?
 _____ yes _____ no _____ n/a

If yes, where? _____
PLUMBING CONNECTIONS

| | AIR GAP | VACUUM BREAKER |
|-------------------------------------|---------|----------------|
| ICE MACHINES | | |
| ICE STORAGE BIN | | |
| MOP SINK | | |
| HANDWASH SINKS | | |
| 3 COMPARTMENT SINK | | |
| 2 COMPARTMENT SINK | | |
| 1 COMPARTMENT SINK | | |
| STEAM TABLES | | |
| DIPPER WELLS | | |
| CONDENSATE/DRAIN LINES | | |
| HOSE CONNECTION | | |
| BEVERAGE DISPENSER W/ CARBONATOR | | |
| OTHER | | |

WATER SUPPLY

1. Is the water supply public? _____ or private? _____
2. If private, has source been approved?
 _____ yes _____ no _____ pending
 *please attach written copy of approval or permit
3. What is the capacity of the hot water heater? _____
4. How are the backflow prevention devices inspected and serviced?

SEWAGE DISPOSAL

1. Is the building connected to municipal sewer?
 _____ yes _____ no
2. If no, is the private disposal system approved?
 _____ yes _____ no _____ pending
 *please attach a copy of written approval or permit
3. Will you have a grease trap? _____ Capacity _____

DRESSING ROOMS

1. Are dressing rooms provided? _____ yes _____ no
2. Describe storage facilities for employees personal belongings
 (i.e., purse, coats, umbrellas, shoes, etc)

GENERAL

1. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
_____ yes _____ no _____ location
2. Are all toxics for use on the premise 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
** a dryer is required if a washer is used for linen cleaning

DISHWASHING FACILITIES

1. Will sinks or a dishwasher be used for ware washing?
_____ dishwasher _____ 3 compartment sink
2. Dishwasher: type of sanitization used
_____ hot water (temp. provided)
_____ booster heater
_____ chemical type
3. Do all the dish machines have temperature/pressure gauges as required that are accurately working? _____ yes _____ no
4. Does the largest pot and pan fit into each compartment of the pot sink? _____ yes _____ no
5. If no, what is the procedure for manual cleaning and sanitizing?

6. Are there drain boards on both ends of the pot sink?
_____ yes _____ no
7. What type of sanitizer is used?
_____ chlorine _____ iodine _____ hot water
_____ quaternary ammonium _____ other

HANDWASHING FACILITIES

1. Is there a hand washing sink in EACH food preparation and ware washing area? _____ yes _____ no
2. Do self-closing metering faucets provide flow of water for at least 15 seconds without the need to reactivate the faucet?
_____ yes _____ no