

PLAN REVIEW APPLICATION

*****Completion of this form does not constitute authorization to open an establishment.*****

*****All establishments must be inspected and permitted prior to operation.*****

A Plan Review Fee (\$175) is required for EACH application.

Purpose of Application:

- New Construction Major Remodel Change of Service Change of Ownership Advance Consultation

Type of Application: (Check all that apply)

- Retail Food Establishment (Includes Child/Adult Care Centers)
 Commercial Pool/Spa/Public Interactive Water Feature
 Other _____

Site Type: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Restaurant <input type="checkbox"/> Bakery <input type="checkbox"/> Donut Shop | <input type="checkbox"/> School <input type="checkbox"/> Child/Adult Care Ctr | <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> H.O.A. <input type="checkbox"/> Apt. |
| <input type="checkbox"/> Fast Food <input type="checkbox"/> C-Store <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Camp <input type="checkbox"/> Athletic Complex <input type="checkbox"/> Resort |
| <input type="checkbox"/> Catering Service <input type="checkbox"/> Bar <input type="checkbox"/> Mall/Shop Ctr | <input type="checkbox"/> Medical Facility <input type="checkbox"/> Church | <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Golf Club |
| <input type="checkbox"/> Commissary <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> OTHER : _____ |

Establishment and Owner Information:

Name of Establishment:

Physical Address:

Name of Owner:

Owner's Mailing Address:

Owner's Telephone:

Alternate #:

Owner's Email Address (Required):

Applicant Information: Same as above

Applicant's Name:

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

Applicant's Telephone:

Alternate #:

Applicant Email Address:

Projected Date for Start of Project:

Projected Date for Completion of Project:

Documentation required to be submitted with this application: (Not applicable for requested advance consultation)

- Floor Plan with All Required Contents of the Floor Plan Guidance Document.
 Supplemental Information Specified in the Plan Review Guidance Document.

OFFICE USE ONLY:

Date Received: _____ Pmt. Method: _____ Adv. Consult Fee(\$50): _____ Amt. Owed: \$ _____ Amend Fee: \$20 _____

Master File #: _____ Inv #: _____ Prog. Element: _____ Location Code: _____ District: _____

Menu: _____ CFM: _____ Sales Tax ID: _____ Fed. EIN: _____ 501(c)(3): _____ DL/ID for personal check: _____ Ownership Info: _____

Floor Plan Rec'd: _____ Rev. Floor Plan Req.: _____ Floor Plan Approved: _____ Issued to Inspector: _____ Date Issued to Inspector: _____

FOOD ESTABLISHMENT PLAN REVIEW GUIDANCE DOCUMENT

To Be Completed by the Owner/Operator and Submitted to the
Northeast Texas Public Health District (NET Health)
Environmental Health Department
with Application

(FAILURE TO DO SO MAY RESULT IN DELAYS)

Date: _____ New Construction Major Remodel Change of Service Change of Ownership

CONTACT INFORMATION:

Name of Establishment: _____

Operating Address: _____

Applicant's Name and Title: _____

Phone #: _____ Email Address: _____

OPERATING INFORMATION:

Operating Hours: _____ Number of Staff per Shift: _____

Number of Seats: _____ Total Square Feet of Facility: _____

Number of Restrooms: _____ Number of Floors: _____

Projected Number of Plates per Day: _____ Frequency of Food Deliveries: _____

MATERIALS CHECKLIST – The following documents are REQUIRED to complete your review:

Detailed Proposed Menu

- o including seasonal, off-site catering, and banquet menus

Equipment Schedule (ALL)

- o **ANSI Equipment Schedule i.e.** equipment certified or classified for sanitation by an ANSI accredited certification program such as NSF, UL-EPH, ETL-Sanitation, BISSC/ETL-Verified
 - PROVIDE manufacturer's name and model numbers
- o **NON-ANSI Equipment Schedule (Subject to NET Health Approval)**
 - PROVIDE manufacturer's name, model numbers, and manufacturer's specification sheets

Site Plan

- o showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well, septic system, etc.).

Floor Plan of Food Establishment

- o showing location of equipment, plumbing, electrical services and mechanical ventilation
- o professionally drawn-to scale 1/4" renderings on an 11" x 17" paper minimum. (Refer to NET Health District Order 2016-1 page 19)

Reflected Ceiling Plan/Lighting Plan

Finish Schedule

Plumbing Plan

FOOD MANAGER KNOWLEDGE – facility has (check all that apply):

- A designated person in charge that is a Certified Food Manager and that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the REGULATIONS will be available during all hours of operation (REQUIRED);
- A written Employee Health policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
- A written policy for reporting imminent health hazards to a regulatory authority.
- A written policy for employees to follow when cleaning up a contamination event.
- Consumer advisory on menu to notify customers that specific animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processed to eliminate pathogens.

CATERING SERVICE

- Yes (Provide details below including but not limited to transportation, storage and prep space, equipment, and employee training procedures. Use additional blank paper if needed.)
- No
- In the future (Subject to another plan review)
- N/A

DRY STORAGE – see Dry Storage Space Calculator on NET Health Website (www.healthyeasttx.org)

Dry Storage space (square feet): _____ Number of Shelving Units: _____
 Type of Service Ware: Disposable Reusable Both
 Returnable/damaged goods storage – state location if applicable: _____

COLD STORAGE – see Refrigerated Space Calculator on NET Health Website (www.healthyeasttx.org) N/A

Refrigerated Storage space (square feet): _____ Number of Refrigeration Units: _____
 Frozen Storage space (square feet): _____ Number of Freezer Units: _____
 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? _____

FOOD PREPARATION: N/A

Will all produce be washed on-site prior to use? Yes No N/A
 If no, will pre-washed and packaged produce be used? Yes No N/A
 Does the operator have HACCP plans for the following special processes? **(Please submit separate Variance Request Form (VRF))**
 Smoking Food - Preservation Yes No N/A
 Curing Food..... Yes No N/A
 Food Additives/ Adding Components - Preservation Yes No N/A
 Live Molluscan Shellfish Tank..... Yes No N/A
 Custom Processing Animals Yes No N/A
 Reduce Oxygen Packaging / Sous Vide..... Yes No N/A
 Sprouting Seeds / Beans Yes No N/A
 Other Food/Beverage Special Processes..... Yes No N/A
 Pets on the Patio (No HACCP plan required only VRF)..... Yes No N/A
 Will the facility be serving food primarily to a highly susceptible population (elderly or children)? Yes No N/A

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD: (Use additional blank paper if needed) N/A

Thawing method(s) – check all that apply:
 Refrigeration Running Water Microwave Other (describe) _____

COOKING / REHEATING: How will foods be cooked to temperatures that kill pathogens? (Use additional blank paper if needed) N/A

List cooking equipment: 1) _____
 2) _____
 3) _____

Type of ventilation hoods for equipment: Type I w/suppression Type II

HOT HOLDING: How will hot PHF/TCS foods be maintained at 135°F or above during holding prior to service? N/A

List type and quantity of hot holding equipment: (Use additional blank paper if needed)

1) _____
 2) _____
 3) _____

COOLING: How will hot TCS foods be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours, then 70°F to 41°F in 4 hours)? N/A

Check all cooling methods to be used: shallow pans ice baths ice paddle
 reduced volumes blast chiller refrigerators
 walk-in refrigerator other: _____

List foods that will be subject to cooling: (Use additional blank paper if needed)

1) _____
 2) _____
 3) _____
 4) _____
 5) _____

SINKS – indicate quantity of each SEE PLANS N/A

Location	4-Comp Sinks	3-Comp Sinks	Single Prep Sinks	Double Prep Sinks	Wall-Hung Hand Sinks	Built In Hand Sinks	Mop Sinks	Dump Sinks
Food Preparation Areas								
Ware Washing								
Restrooms								
Mop Room/Garbage Area								
Bars								
Wait Stations								
Drainage Methods (FS, FD, Direct)								

DISHWASHING FACILITIES: How will cooking utensils and service ware be washed? (*REQUIRED) N/A

Equipment	Indicate Quantity or N/A	Sanitizing Method
*3-compartment sink w/drainboards	_____	<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical (<input type="checkbox"/> Chlorine <input type="checkbox"/> Quat)
4-compartment sink w/drainboards	_____	<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical (<input type="checkbox"/> Chlorine <input type="checkbox"/> Quat)
Dishmachine	_____	<input type="checkbox"/> Hot Water <input type="checkbox"/> Chemical (<input type="checkbox"/> Chlorine <input type="checkbox"/> Quat)
Other (describe):	_____	

INSECT AND RODENT CONTROL:

Area	Air Curtain	Screening/Weather-Stripping	Self-Closure	Dock Boots	
Food Preparation Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Service Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Receiving Doors/Dock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Service Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Name of Contracted Pest Control Company: _____					

FINISH SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas:

Location	Floor	Wall	Ceiling	Base Covering
Food Preparation Areas	_____	_____	_____	_____
Storage Areas	_____	_____	_____	_____
Hand/Dump Sinks	_____	_____	_____	_____
Ware Washing	_____	_____	_____	_____
Restrooms	_____	_____	_____	_____
Mop Room/Garbage	_____	_____	_____	_____
Outside Dumpster Areas	_____	_____	_____	_____
Walk-in Refrigerators/Freezers	_____	_____	_____	_____
Bars	_____	_____	_____	_____
Patio	_____	_____	_____	_____

LIGHTING SCHEDULE: complete ONLY if not otherwise provided in plans SEE PLANS

Location	Fixture Type	Shielded	Illumination @ 30 inches (FOOT CANDLES)
WIC / WIF / Dry Storage	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	10 FTC
Mop / Garbage Rooms	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	10 FTC
Customer Self-Service Areas	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC
RIC/RIF/Under-Counter Units (Inside)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC
Warewash / Handwash Areas	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC
Equipment / Utensil Storage	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC
Restrooms	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20 FTC
Food Prep Areas Including Bars	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	50 FTC <input type="checkbox"/> N/A

WATER SUPPLY/PLUMBING CONNECTIONS:

Water Supply: Public Private (attach copy of PWS approval)

Ice: Made on Premises (provide ice machine specifications) Purchased Commercially N/A

Hot Water: Recovery capacity of hot water system _____ KW/BTU _____ #Gallon Capacity

Backflow Protection: RPZ = Reduced Pressure Assembly (Zone); AVB = Atmospheric Vacuum Breaker

Hose Bibs RPZ AVB Other: _____

Carbonator RPZ AVB Other: _____

Chemical Dispensers RPZ AVB Other: _____

Other RPZ AVB Other: _____

SEWAGE DISPOSAL:

Sewage Disposal Municipal System Private (attach copy of permit/approval)
Refrigeration Condensate Evaporation Pans Floor Sink Other: _____
Lift Stations/Sumps Describe: _____

GARBAGE, REFUSE, GREASE COLLECTION:

Designated, curbed and plumbed area for garbage can and/or floor mat cleaning? Yes No N/A
Location: _____
Dumpster Provided? Yes (Name of Company) _____ No
Grease Collection Method (check all that apply): N/A
 Disposed of as Solid Waste Contractor: _____
 Grease Interceptor / Trap Location: _____ Contractor: _____
 Grease Machine Location: _____ Contractor: _____
 Grease Recovery System Location: _____ Contractor: _____

LINENS / LAUNDRY SERVICE:

Location: Onsite (Provide Details) Offsite – Professional Service Contract (Provide Name) Other N/A

EMPLOYEES' DRESSING AREAS & LOCKERS / OTHER SUITABLE FACILITIES (PERSONAL ITEMS STORAGE):

Describe Location and/or procedures to prevent contamination of food and/or food related/contact items and/or areas:
(Use additional blank sheet if needed)

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Northeast Texas Public Health District (NET Health) may nullify final approval.

Signature(s): _____

Title(s): _____ Date: _____

Approval of these plans and specifications by the Northeast Texas Public Health District (NET Health) does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required prior to commencing operations.

FOR OFFICE USE ONLY

Reviewed with Operator on (date): _____ Accepted Not Accepted

Reviewer: _____ Reason for not accepting: _____

APPROVED – NO CONDITIONS APPROVED – Conditional on stipulations noted on Preliminary Inspection Checklist / Plan Review Checklist

NOT APPROVED – Reason: _____