

The first step for new establishments or existing establishments requiring renovation or construction is to go through a plan review process. Plans and specifications for such construction, remodeling or conversion must be submitted prior to the start of such construction, remodeling or conversion. The owner will have the final responsibility for the accuracy and completeness of the plans and specifications, as well as for subsequent construction and installation. *Note: Construction of the new establishment cannot begin until the Health Department has completed its commercial plan review process.*

### **BEFORE CONSTRUCTION BEGINS**

Fill out and submit the Health Permit Application and Plan Review Application to the Health Department.

- Plan Review fee: \$175 (Cash, check, or money order.)
- Submit application in person or via mail:
- Angelina County & Cities Health District  
503 Hill Street  
Lufkin, TX 75901

**Questions?** Call us at 936-632-9109

### **ONCE CONSTRUCTION IS COMPLETED**

Allow the Environmental Division seven days to review submitted plans. The pre-open inspection will be schedule after approval from ACCHD. The following requirements must be met for the pre-opening inspection:

- Plumbing, mechanical and electrical final approvals must be available.
- A food manager must be present with a Texas Certified Food Manager card.
- Refrigerators must be set at 41°F or lower and freezers at 0°F or lower with working thermometers in each unit.
- Facility must be clean with no construction material in kitchen and related areas.
- No food or utensils are allowed in the establishment prior to the inspection by the Health Department.
- A final menu must be provided.
- Permitting fee – (To Be Determined; Dependent Upon Opening Date)

Please note that all the steps listed above are required before the inspector conducts a pre-opening inspection.

### **OBTAINING A TAX ID AND CITY PERMIT**

You must have a sales tax ID number and all City permits before you submit a permit application. Please visit the local comptroller's office online at <https://www.comptroller.texas.gov/taxes/permit/> or call (936) 634-2621 for information about obtaining a sales tax ID number. Contact the local City official listed below for all other permit and/or inspections that may be needed concerning electrical, plumbing certificate of occupancy, grease traps and etc.

City of Diboll ----- (936) 829-4757  
City of Huntington ----- (936) 422-4195  
City of Zavalla ----- (936) 897-3311

City of Hudson ----- (936) 875-2358  
City of Lufkin ----- (936) 633-0248

## **EQUIPMENT AND FACILITY REQUIREMENTS**

The following list of equipment and facility requirements was developed in response to frequently asked question from new establishment owners. It is not a complete list. For more detailed requirements, refer to the Texas Food Establishment Rules.

- ☐ A 3-compartment sink to wash, rinse, and sanitize equipment and utensils. A mechanical dishwasher may also be utilized
- ☐ Hand wash sink(s) conveniently located in the food preparation area(s)
- ☐ Employee restroom(s) with hand wash facilities
- ☐ Hot and cold water under pressure at all sinks
- ☐ A mop sink or curbed cleaning facility for mops and wastewater disposal
- ☐ A sewage disposal system that is properly constructed, maintained, and operated
- ☐ Food establishment must have easily cleanable, non-absorbent floors, and light in color walls and ceilings. (ex: FRP, stainless steel, high gloss paint, etc.)
- ☐ Adequate heating and/or refrigeration equipment for cooking, reheating, or holding foods at safe temperatures
- ☐ An appropriate temperature measuring devices for checking internal food temperatures (probe-type thermometers or thermocouples)
- ☐ An accurate thermometer for each hot/cold holding unit
- ☐ Grease trap and ventilation hood if required

## **APPROVED WATER SOURCE/WATER WELLS**

Water used for food preparation, handwashing, and dishwashing must come from an approved source. The following sources are approved:

- ☐ Community (municipal) water system (public water system).
- ☐ Non-Community water system (public water system). This category includes on-site wells that supply more than 25 customers per day for a total of 60 days per year. These wells must be listed and approved by the Texas Commission of Environmental Quality (TCEQ). Contact the TCEQ Public Drinking Water Section at (512) 239-4691 for assistance.
- ☐ Non-public (private) water system – This category includes wells that serve less than 25 customers per day for a total of 60 days per year. The well must be properly constructed, maintained, and operated. Prior to use, the water must be sampled for safe bacteriological quality and must be tested at least annually thereafter.

## **RESTRICTIONS ON COMMERCIAL FOOD PREPARATION IN A HOME**

The [Texas Food Establishment Rules \(TFER\), Section 228.174\(k\)](#) states: A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters may not be used for conducting food establishment operations.

## **TEXAS FOOD ESTABLISHMENT RULES (TFER)**

Refer to the TFER at <https://www.dshs.texas.gov/foodestablishments/laws-rules.aspx> for detailed information regarding these and other requirements. Note: TFER is enforced at the bare minimum. As the local regulatory authority, Angelina County jurisdiction enforces additional rules and regulations.

# Material Checklist

The following documents are REQUIRED to complete the application process:

1. Detailed Proposed Menu
  - Including seasonal, off-site catering, and banquet menus including consumer advisory if applicable.
2. Equipment Schedule
  - 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 manufacture's name and model numbers
  - NON-ANSI Equipment Schedule (Subject to ACCHD approval)
    - PROVIDE manufacture's name, model numbers and manufacture's specification sheets
3. Site Plan
  - 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.).
4. Floor Plan of Food Establishment
  - Showing location of equipment, plumbing, electrical services and mechanical ventilation
  - Professionally drawn to scale ¼" renderings on an 11" x 17" paper minimum
5. Reflected Ceiling Plan/Lighting Plan
  - Types of light fixture, intensity and confirmation the bulb is properly shielded
6. Finish Schedule
  - Composition of floors, walls and ceiling (see lighting schedule in tis application)
7. Knowledgeable Certified Food Manager
  - 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. Provide a copy on the food manager certification
  - A written Employee Health policy that excludes or restricts food workers who are ill or have infected cuts ore lesions. Proof of policies needed. Sample policy available upon request.
  - A written policy reporting imminent health hazards to a regulatory authority. Sample policy available upon request.
  - A written policy for employees to follow when cleaning up a contamination event. Sample policy available upon request.
  - Consumer advisory on menu to notify customers that specify animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processes to eliminate pathogens. When applicable.



### Facility Type

(Check all that apply)

- ☐ Restaurant   ☐ Bakery   ☐ Donut Shop   ☐ Fast Food   ☐ C-Store   ☐ Grocery Store   ☐ Catering Service  
☐ Bar   ☐ Mall/Shopping Center   ☐ Commissary   ☐ School   ☐ Nursing Home   ☐ Medical Facility  
☐ Assisted Living   ☐ Child/Adult Care Center   ☐ Church   ☐ Mobile Home Park   ☐ H.O.A.   ☐ Apartment  
☐ Complex   ☐ Camp   ☐ Resort   ☐ Motel   ☐ Hotel   ☐ Golf Club   ☐ Other: \_\_\_\_\_

### Establishment and Owner Information

Name of Establishment:			
Physical Address:			
Name of Owner:			
Owner Mailing Address:			
Owner Telephone:		Alternative #:	
Owner Email Address: <i>(Required)</i>			

### Applicant Information ☐ Same as above

Applicant Name:			
Title (owner, manager, contractor, etc.):			
Applicant Telephone:		Alternative #:	
Applicant Email Address:			
Projected Date for Start of Project:			
Projected Date for Completion of Project:			

### Operating Information

Operating Hours:		Number of Staff per Shift:	
Number of Seats:		Number of Floors:	
Number of Restrooms:		Frequency of Food Deliveries:	
Projected Number of Plates per Day:		Total Square Feet of Facility:	

### Catering Services Offered

- ☐ NO  
☐ In the future – subject to another plan review  
☐ Yes – Provide details below including but not limited to transportation, storage and prep space, equipment, and employee training. Use additional blank paper if needed.

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### Dry Storage

Dry Storage Space (square feet):		Number of Shelving Units:	
Type of Service Ware:	<input type="checkbox"/> Disposable <input type="checkbox"/> Reusable <input type="checkbox"/> Both		
Returnable/damaged goods storage – state location if applicable:			

### Cold Storage

Number of Freezer Units: _____	Number of Refrigeration Units: _____
Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? <span style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No       </span>	
If yes, how will cross-contamination be prevented?	

### Food Preparation

Will all produce be washed on-site prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If, no will pre-washed and packaged produce be used?	
Does the operator have HACCP plans for the following special process? <span style="color: red; font-weight: bold;">Please submit a variance request if any of the following are answered yes.</span>	
Smoking Food – Preservation -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Curing Food -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Food Additives/Adding Components – Preservation -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Live Molluscan Shellfish Tank -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Custom Processing Animals -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Reduce Oxygen Packaging/Sous Vide -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Sprouting Seeds/Beans -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Other Food/Beverage Special Processes -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will the facility be serving food primarily to a highly susceptible population (elderly or children)? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

### Thawing Frozen Potentially Hazardous Food

Thawing Methods – Check all that apply	<input type="checkbox"/> NA <input type="checkbox"/> Refrigeration <input type="checkbox"/> Microwave
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### Cooking/Reheating

How will foods be cooked to temperatures that kill pathogens?

List <u>cooking</u> equipment:	1) _____
	2) _____
	3) _____
Type of ventilation hoods for equipment:	<input type="checkbox"/> Type I with suppression <input type="checkbox"/> Type II

## Hot Holding

How will hot TCS foods be maintained at 135°F or above during holding prior to service?

List <u>holding</u> equipment:	1)
	2)
	3)
	4)

## 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 in 4 hours)?

Check all cooling methods to be used:

☐ shallow pans      ☐ ice baths      ☐ ice paddle  
☐ reduced volume      ☐ blast chiller      ☐ refrigerators  
☐ walk-in refrigerator      ☐ other: \_\_\_\_\_

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

1)
2)
3)
4)
5)
6)

## Sinks

Indicate quantity of each.

Location	4 Comp Sink	3 Comp Sink	Single Prep Sink	Double Prep Sink	Wall-Hung Hand Sink	Built In Hand Sink	Mop Sink	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?

Equipment	Indicate Quantity or NA	Sanitation Method <i>Pick hot water or chemical and indicated which chemical sanitation used.</i>	
3-compartment sink w/drain boards <i>Required per TFER</i>		<input type="checkbox"/> Hot Water	Chemical <input type="checkbox"/> Chlorine or <input type="checkbox"/> Quat
4-compartment sink w/drain boards		<input type="checkbox"/> Hot Water	Chemical <input type="checkbox"/> Chlorine or <input type="checkbox"/> Quat
Ware washing Machine		<input type="checkbox"/> Hot Water	Chemical <input type="checkbox"/> Chlorine or <input type="checkbox"/> Quat

## Insect and Rodent Control

Area	Air Curtain	Screening/Weather Stripping	Self-Closure	NA
Food Preparation Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Doors/Dock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of contracted pest control company? \_\_\_\_\_

## Finish Schedule

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

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

### Water Supply/Plumbing Connections

Water Supply:	<input type="checkbox"/> Public	<input type="checkbox"/> Private – Provide a copy of ANRA license and service contract.	
Ice:	<input type="checkbox"/> NA	<input type="checkbox"/> Made on site – provide specifications	<input type="checkbox"/> Purchased Commercially
Hot Water:	Recovery capacity of hot water system: _____		_____ # Gallon Capacity
<b>Backflow Protection</b>			
<i>RPZ – Reduced Pressure Assembly</i>		<i>AVB – Atmospheric Vacuum Breaker</i>	
Hose Bibs	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____
Carbonator	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____
Chemical Dispensers	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____
Other: _____	<input type="checkbox"/> RPZ	<input type="checkbox"/> AVB	<input type="checkbox"/> Other: _____

### Sewage Disposal

Sewage Disposal	<input type="checkbox"/> Municipal System	<input type="checkbox"/> Private – attach copy of permit/approval)	
Refrigeration Condensation	<input type="checkbox"/> Evaporation Pans	<input type="checkbox"/> Floor Sink	<input type="checkbox"/> Other: _____
Light Stations/Sumps	Describe: _____		

### Garbage, Refuse, Grease Collection

Designated, curbed and plumbed area for garbage can and/or floor mat cleaning?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Location: _____			
Dumpster Provided? <input type="checkbox"/> No <input type="checkbox"/> Yes – Name of Company? _____			
Grease Collection Method – Check all that apply			<input type="checkbox"/> NA
<input type="checkbox"/> Disposed of as Solid Waste	Contractor: _____		
<input type="checkbox"/> Grease Interceptor/Trap	Location: _____	Contractor: _____	
<input type="checkbox"/> Grease Machine	Location: _____	Contractor: _____	
<input type="checkbox"/> Grease Recovery System	Location: _____	Contractor: _____	

### Linens/Laundry Service

Location:	<input type="checkbox"/> Onsite – (Provide Details)	<input type="checkbox"/> Offsite – Professional Service Contract (Provide Name)
Details/Service Contract: _____		

### Employees Dressing Areas & Personal Items

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)



**AGREEMENT**

*I attest to the accuracy of the information provided, affirm to comply with Chapter 437 of the Health & Safety Code and the applicable provisions of 25 TAC - Chapter 228 of The Texas Food Establishment Rules and agree to abide by them and will allow the regulatory authority access to the mobile food unit during any reasonable time to inspect, conduct tests, or collect samples as required. I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Angelina County and Cities Health District (ACCHD) may nullify final approval.*

Signature(s): \_\_\_\_\_  
Title(s): \_\_\_\_\_ Date: \_\_\_\_\_

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Approval of these plans and specifications by Angelina County and Cities Health District (ACCHD) does not indicate compliance with and 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 for commencing operations.