

## **PLAN REVIEW APPLICATION – Fixed Facility**

- 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 of \$175 is required for each application

<b>Purpose of Application</b>	<u>on</u>			
☐ New Construction	☐ Major Remodel	☐ Change of Serv	ice   Change of Owr	nership
	l Establishment (Incl		•	
	al Pool/Spa/Public In		eature	
☐ Other:				
Site Type (Check all that	apply)			
☐ Restaurant ☐ Bakery	☐ Donut Shop ☐ Fast Food	☐ C-Store ☐ Grocer	y Store   Catering Service	☐ Bar ☐ Mall/Shopping Center
☐ Commissary ☐ School ☐	$\square$ Nursing Home $\square$ Medical	Facility $\square$ Assisted Livin	g 🗆 Child/Adult Care Center	☐ Church ☐ Mobile Home Park
☐ H.O.A. ☐ Apartment Co	mplex 🗆 Camp 🗆 Athletic (	Complex ☐ Resort ☐ I	Motel ☐ Hotel ☐ Golf Club	☐ Other:
Establishment and O	wner Information			
Name of Establishmer	nt:			
Physical Address:				
Name of Owner:				
Owner Mailing Addres	SS:			
Owner Telephone:			Alternative #:	
Owner Email Address:	(Required)			
Applicant Informatio	<u>n</u> □ Same as above			
Applicant Name:				
Title (owner, manager	, contractor, etc.):			
Applicant Telephone:		_	Alternative #:	
Applicant Email Addre	ess:			
Projected Date for Sta	rt of Project:			
Projected Date for Co	mpletion of Project:			
Desumentation require	ad to be submitted wi	ith this application.	/Not applicable for requ	wired advance concultation)
•				uired advance consultation)
☐ Floor Plan with All R	equired Contents of th	ne Floor Plan Guidar	ice Document.	
☐ Supplemental inform	nation Specified in the	Plan Review Guida	nce Document.	
		Office Use C	only	
Date Received:	Menu: CFM:	501(c)(3):	Floor Plan Received:	Floor Plan Approved:

## FOOD ESTABLISHMENT PLAN REVIEW GUIDANCE DOCUMENT

To be completed by the owner/operator and submitted to the Angelina County and Cities Health District

Environmental Division 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: Material Checklist – The following documents are REQUIRED to complete your review: **Detailed Proposed Menu**  Including seasonal, off-site catering, and banquet menus **Equipment Schedule** o ANSI equipment schedule i.e. equipment certified or classified for sanitation by an ANSI accredited certification program such as NSFI, 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 П 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.). Floor Plan of Food Establishment Showing location of equipment, plumbing, electrical services and mechanical ventilation o Professionally drawn to scale ¼" renderings on an 11" x 17" paper minimum Reflected Ceiling Plan/Lighting Plan П **Finish Schedule** П **Plumbing Plan** <u>Food Manager Knowledge</u> – 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 ore restricts food workers who are ill or have infected cuts ore lesions; A written policy 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 specify animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processes to eliminate pathogens.

Catering Service							
<ul> <li>Yes – Provide details below including but not equipment, and employee training. Use addi</li> </ul>		•	_	e and	prep sp	ace,	
<ul><li>☐ No</li><li>☐ In the future – subject to another plan review</li></ul>	w						
Dry Storage							
Dry Storage Space (square feet):	Number	of Shelving Un	its:				
Type of Service Ware:   Disposable	Reusable	☐ Both					
Returnable/damaged goods storage – state locatio	on if applicable	:					
Cold Storage  Refrigeration Storage Space (square feet):  Frozen Storage Space (square feet):  Will raw meats, poultry and seafood be stored in the eat foods?  If yes, how will cross-contamination be prevented?  Food Preparation - □ NA  Will all produce be washed on-site prior to use?	Number o he same refrig	of Refrigeration of Freezer Unit erators and fr	:s:				/-to- <b>Io</b>
If, no will pre-washed and packaged produce be us							
Does the operator have HACCP plans for the follow		ocess? <i>Please</i>	submi	it a va	ariance	reques	st if
any of the following are answered yes.  Smoking Food – Preservation			Yes		No		NA
Curing Food			Yes		No		NA
Food Additives/Adding Components – Preservation	า		Yes		No		NA
Live Molluscan Shellfish Tank			Yes		No		NA
Custom Processing Animals			Yes		No		NA
Reduce Oxygen Packaging/Sous Vide			Yes		No		NA
Sprouting Seeds/Beans			Yes		No		NA

Other Food/Beverage Special Processes						Yes   _	No 🗆	NA
Will the facility be serving food primarily to a highly susceptible population (elderly or children)?						Yes	No	NA
Thawing Frozen Potentially Ha Thawing Methods – Check all Other:				ition [	☐ Microv	vave $\square$		
Cooking/Reheating – How will			=		-			
	1)							
equipment:	2)							
	3)							
Type of ventilation hoods for	,							
Hot Holding – How will hot TCS	S foods be	maintaine	d at 135°F	or above d	uring ho	Iding prior	to service?	□NA
List holding equipment:	1)							
	- 1							
Type of ventilation hoods for							 e II	
Check all cooling methods to b  List all foods that will be subject  1)	ct to coolin	□redu □walk g: (Use ad	ced volum -in refriger ditional bla	e □blas ator□oth ank paper i	st chiller er: f needed	□refrigera		
2)								
3)								
4) 5)								
Sinks – Indicate quantity of each								
Siliks – indicate quantity of each	۱۱۰ <u>.</u>				Wall-			
					Hung	Built In		
Location	4 Comp Sink	3 Comp Sink	Single Prep Sink	Double Prep Sink	Hand Sink	Hand Sink	Mop Sink	Dump Sinks
Food Preparation Areas	Jiiik	Jiiik	Trep sink	TTCP SIIIK	Jiiik	Jiiik	Wiop Silik	Sinks
Ware Washing								
Restrooms								
Mop Room/Garbage Area								
Bars								
Wait Stations								
Drainage Methods (FS, FD, Direct)								
<u>Dishwashing Facilities</u> – How v Equipment	vill cooking		ind service Quantity o			*REQUIRED	•	□NA

* 3-compartment sink w/drain boards 4-compartment sink w/drain boards Ware washing Machine Other:			Hot Water  Hot Water  Hot Water  Hot Water	☐ Chemical ☐ Chlori ☐ Chemical ☐ Chemical	ne   Quat  Quat  Quat  Quat  Quat
Insect and Rodent Control					
Air S	creening/We	ather Solf	Closure	Dock Boots	
Area <u>Curtain</u>	Stripping	<u>3en-</u>	Closure	DOCK BOOKS	
Food Preparation Areas					□ NA
Service Doors					□ NA
Receiving Doors/Dock					$\square$ NA
Service Windows					□ NA
Name of contracted pest control comp	any?				
Location Food Prep Areas Storage Areas Hand/Dump Sinks Ware Washing Restrooms Mop Room/Garbage Outside Dumpster Areas Walk-in Refrigerators/Freezers Bars Patio	Floor	<u>Wall</u>	<u>Ceili</u>		se Covering
<u>Lighting Schedule</u> – Complete ONLY if n		provided in plans.		See Plans	/Foot
Location	Fixture Type	Shielded	Illuminatio	n @ 30 inches	(Foot Candles)
WIC/WIF/Dry Storage	1 9 PC	☐ Yes ☐ No	10	) FTC	cariaics
Mop/Garbage Rooms		☐ Yes ☐ No		FTC	
Customer Self-Service Areas		☐ Yes ☐ No	+	FTV	
RIC/RIF/Under-counter Units (Inside)		☐ Yes ☐ No	+	FTC	
Ware wash/Hand wash Areas		☐ Yes ☐ No		FTC	
Equipment/Utensil Storage		☐ Yes ☐ No		FTC	
Restrooms		☐ Yes ☐ No		FTC	
		<del>  </del>			ΠΝΔ
Water Supply:  Water Supply:  Public		☐ Yes ☐ No		e and service co	□ NA

Location: Onsite – (Provide Details) Offsite – Professional Service Contract (Provide Name)  Other: NA  Details/Service Contract:  Imployees 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)  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.	Ice:	□NA	☐ Made on	site — provide machine specifi	Purchased Commercially
RPZ	Hot Water:	Recove	ery capacity of hot	water system:	# Gallon Capacity
Hose Bibs   RPZ			<u>Backflo</u>	ow Protection	
Carbonator		– Reduced	d Pressure Assembly	AVB – Atmosph	
Chemical Dispensers	Hose Bibs		☐ RPZ	☐ AVB	
Other:	Carbonator		□ RPZ	☐ AVB	$\square$ Other:
Sewage Disposal  Sewage Disposal   Municipal System   Private – attach copy of permit/approval)  Refrigeration Condensation   Evaporation Pans   Floor Sink   Other:      Grabage, Refuse, Grease Collection  Designated, curbed and plumbed area for garbage can and/or floor mat cleaning?   Yes   No   NA    Location:   Dumpster Provided?   No   Yes – Name of Company?    Grease Collection Method – Check all that apply   NA    Disposed of as Solid Waste   Contractor:    Grease Interceptor/Trap   Location:   Contractor:    Grease Machine   Location:   Contractor:    Grease Recovery System   Location:   Contractor:    Intens/Laundry Service    Location:   Onsite – (Provide Details)   Offsite – Professional Service Contract (Provide Name)    Details/Service Contract:   NA    Details/Service Contract:   NA    Details/Service Contract:    Imployees 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)    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.	Chemical Dispensers		☐ RPZ	$\square$ AVB	☐ Other:
Sewage Disposal   Municipal System   Private – attach copy of permit/approval) Refrigeration Condensation   Evaporation Pans   Floor Sink   Other:   Light Stations/Sumps   Describe:   De	Other:		□ RPZ	☐ AVB	☐ Other:
Sewage Disposal   Municipal System   Private – attach copy of permit/approval) Refrigeration Condensation   Evaporation Pans   Floor Sink   Other:   Light Stations/Sumps   Describe:   De					
Sewage Disposal   Municipal System   Private – attach copy of permit/approval) Refrigeration Condensation   Evaporation Pans   Floor Sink   Other:   Light Stations/Sumps   Describe:    Sarbage, Refuse, Grease Collection  Designated, curbed and plumbed area for garbage can and/or floor mat cleaning?   Yes   No   NA   Location:   Dumpster Provided?   No   Yes – Name of Company?   Grease Collection Method – Check all that apply   NA   Disposed of as Solid Waste   Contractor:   Grease Interceptor/Trap   Location:   Contractor:   Grease Machine   Location:   Contractor:   Grease Recovery System   Location:   Contractor:   Grease Recovery System   Location:   Contractor:   Describe Station   Onsite – (Provide Details)   Offsite – Professional Service Contract (Provide Name)   Details/Service Contract:    Simployees 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)  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 ipproval.					
Refrigeration Condensation					
Light Stations/Sumps Describe:    Garbage, Refuse, Grease Collection				_	
Designated, curbed and plumbed area for garbage can and/or floor mat cleaning?			•		
Designated, curbed and plumbed area for garbage can and/or floor mat cleaning?   Yes   No   NA   Location:   Dumpster Provided?   No   Yes – Name of Company?   Grease Collection Method – Check all that apply   NA   Disposed of as Solid Waste   Contractor:   Contractor:   Grease Interceptor/Trap   Location:   Contractor:   Contractor:   Contractor:   Grease Machine   Location:   Contractor:   Contractor:   Contractor:   Disposed of as Recovery System   Location:   Contractor:   Contractor:   Contractor:   Disposed of as Recovery System   Location:   Contractor:   Contractor:   Disposed of as Recovery System   Location:   Contractor:   Disposed of Contractor:   Disposed of Contractor:   Disposed Office   Professional Service Contract (Provide Name)   Other:   Details/Service Contract:   NA   Details/Service Contract:   Disposed Office   Disposed Of	Light Stations/Sumps	Desc	cribe:		
Designated, curbed and plumbed area for garbage can and/or floor mat cleaning?					
Location:					
Dumpster Provided?					
□ Disposed of as Solid Waste □ Contractor: □ □ Grease Interceptor/Trap □ Location: □ □ Contractor: □ □ NA □ Details/Service Contract: □ □ NA □ Details/Service Contract: □ □ NA □ Details/Service Contract: □ □ 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) □ Contractor: □ □ NA □ Details/Service Contract: □ □ NA □ Details/Service Contract (Provide Details) □ NA □	Dumpster Provided?	No [	☐ Yes – Name of Co	ompany?	
□ Grease Interceptor/Trap □ Grease Machine □ Grease Recovery System □ Contractor: □ Na    Details   Offsite - Professional Service Contract (Provide Name) □ Other: □ NA   Details/Service Contract: □ NA   Details/Service Contract: □ 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) □ Describe 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.	Grease Collection Method	– Check	all that apply	$\square$ NA	
Grease Interceptor/Trap Grease Machine Grease Machine Grease Recovery System Location: Grease Recovery System Location: Grease Recovery System Location: Grease Recovery System Location: Grease Recovery System    Contractor: Contractor:	☐ Disposed of as Solid W	aste	Contractor	:	
Grease Recovery System  Location: Contractor: Contractor:	☐ Grease Interceptor/Tra	ар	· · · · · · · · · · · · · · · · · · ·		Contractor:
Grease Recovery System  Location: Contractor:	☐ Grease Machine				
Location: Onsite – (Provide Details) Offsite – Professional Service Contract (Provide Name) Other:	☐ Grease Recovery Syste				
Location: Onsite – (Provide Details) Offsite – Professional Service Contract (Provide Name)  Other: NA  Details/Service Contract:  Imployees 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)  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.		1			
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Details/Service Contract:    Imployees 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)    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.	Location:   Onsite	– (Provid	de Details)	☐ Offsite – Professi	onal Service Contract (Provide
Details/Service Contract:  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)  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.	Name)				
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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)  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.					
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vithout prior permission from the Angelina County and Cities Health District (ACCHD) may nullify final approval.	and/or areas: (Use additio	nal blank	sheet if needed)		
vithout prior permission from the Angelina County and Cities Health District (ACCHD) may nullify final approval.					
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pproval.				· ·	·
	• •	om the A	ingelina County and	d Cities Health Distr	ict (ACCHD) may nullify final
Signaturo(c):	approval.				
Signature(s):	Signature(s):				
Title(s): Date:	Title(s):				Date:
************************************					

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).

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