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Permit # _____
Receipt # _____
Date Paid _____

Amarillo Area Public Health District

Food Establishment Plan Review Guide

<u>Establishment Contact Information:</u>	<u>Owners Contact Information:</u>
Name: _____	Name: _____
Physical Address: _____	Physical Address: _____
Mailing Address: _____	Mailing Address: _____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____
<u>Establishment Details</u>	
Hours/Days of Operation <input type="checkbox"/> Sunday: _____ <input type="checkbox"/> Monday: _____ <input type="checkbox"/> Tuesday: _____ <input type="checkbox"/> Wednesday: _____ <input type="checkbox"/> Thursday: _____ <input type="checkbox"/> Friday: _____ <input type="checkbox"/> Saturday: _____	Type of Services (check all that apply) <input type="checkbox"/> Dine In <input type="checkbox"/> Take Out <input type="checkbox"/> Delivery <input type="checkbox"/> Caterer <input type="checkbox"/> Pre-Packaged <input type="checkbox"/> Snack Only <input type="checkbox"/> Other: _____
Was the establishment previously a restaurant? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The following documents must be submitted with this plan review guide:

- Proposed Menu (including seasonal, off-site and banquet menus),
- Equipment schedule (list of all equipment including all permanent fixtures) or manufacturer specification sheets for each piece of equipment shown on the plan, ****Note** only NSF certified or equivalent commercial equipment is allowed.**
- Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system (if applicable)), ****Note** Site plan does NOT have to be drawn to-scale but MUST show dimensions.**
- Plan drawn to scale of entire food establishment showing location of equipment, plumbing, electrical services, mechanical ventilation, and fire suppression systems.

Format of Plans and Specifications included:

1. Provide plans that are a minimum of 11 x 14 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. **Plans** must be drawn to scale and show the location of all equipment, plumbing, electrical services, and mechanical ventilation for the food establishment.
3. Site Plan Location of Building including location of any outside equipment including dumpsters, grease bins, septic systems, wells, etc.
4. **Manufacture Specification Sheets** for each piece of equipment (refrigeration, water heaters, warmers, self-service hot and cold holding units with sneeze guards, etc.)
5. **Proposed Menu (including seasonal, off site and banquet menus)**
6. 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 a sneeze guard/shield.
7. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding TCS foods.
8. Label and locate separate food preparation sink when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
9. Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate area of food preparation.
10. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
11. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required.
12. Include and provide specifications for:
 - a) Entrances, exits, loading/unloading areas and docks.
 - b) Complete finish schedules for each room including floors, walls, ceilings, and coved juncture bases.
 - c) 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,
 - d) Lighting schedule with protectors:
 1. At least 110 lux (10-foot candles) at a distance of 30 inches above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning.
 2. A least 220 lux (20-foot candles):
 - a. At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption.
 - b. Inside equipment such as reach-in and under-counter refrigerators.
 - c. At a distance of 30 inches above the floor in areas used for hand washing, warewashing, equipment and utensils storage and in toilet rooms; and
 3. At least 540 lux (50 food candles) at a surface where a food employee is working with food, utensils, or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
 - e) Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by NSF or an equivalent accreditation program.
 - f) 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.
 - g) Ventilation schedule for each room.
 - h) A mop sink or curbed cleaning facility with facilities for hanging wet mops.
 - i) Garbage can wash area/facility.
 - j) Area for storing toxic chemicals.
 - k) Dressing rooms, locker areas, employee rest areas, and/or coat rack for employees' personal items as required.

Food Preparation Review

Food Supplies:

Where will you obtain all food supplies from?

1. What are the projected frequencies of delivers for?

Frozen Foods: _____ Refrigerated Foods: _____ Dry Storage: _____

2. Provide information on the amount of space (in cubic feet) allocated for:

Frozen Foods: _____ Refrigerated Foods: _____ Dry Storage: _____

3. How will dry goods be stored off the floor?

Preparation:

Instructions: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.

<u>PROCESS</u>	<u>IDENTIFY FOOD ITEMS</u>	<u>INDICATE LOCATION & EQUIPMENT</u>
Washing of Fruits & Vegetables		
Thawing		
Cooking		
Hot Holding / Cold Holding Hot food for service maintained at 135°F or greater. Cold food must be maintained at 41°F or below.		
Cooling TCS food will be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F or below within 4 hours.		
Reheating Food must be reheated to a temperature of 165°F for 15 seconds within 2 hours.		

Food Safety:

- How will ready to eat food be protected from bare hand contact?
Gloves Utensils Food Grade Paper
- Will specialized processing methods such as vacuum packaging of food items, sous vide, mulluscan life support, or curing of meats, acidification be conducted on-site? Yes No
 If yes, attach a copy of HACCP plan for each process.
- Will the facility be serving food to a highly susceptible population? Yes No

Finish Schedule:

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic covered molding, vinyl coated ceiling panels, etc.) will be used in the following areas. **NOTE** No utility service lines and/or pipes may be unnecessarily exposed****

<u>Location</u>	<u>Floor</u>	<u>Coving</u>	<u>Walls</u>	<u>Ceiling</u>
Kitchen				
Bar				
Toilet Rooms				
Mop Room				
Ware washing				
Walk-In Units				

** If additional room is needed place an asterisk in the chart above and explain on an additional sheet**

Handwashing facilities:

- Identify number of handwashing sinks in food preparation and warewashing areas:
 _____ Food Preparation _____ Warewashing Area _____ Food Dispensing Area
- Identify the length, width, and depth of the hand sinks: _____
- How will hands be dried? _____
- Hot water of at least 100°F must be available at all hand washing sinks. **Please initial if read:** _____

Manual Warewashing:

- Identify the length, width, and depth of the compartments of the 3-compartment sink: _____
- Will the largest pot/pan fit into each compartment of the 3-compartment sink? Yes No
 If no, what will be the procedure for cleaning and sanitizing items that do not fit in the 3-compartment sink? _____
- Describe size, location, and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space: _____
- What type of sanitizer will be used? _____

Mechanical Warewashing: NA

1. Identify the make and model of the mechanical dishwasher: _____
2. What type of sanitizer will be used? _____
3. Will ventilation be provided? Yes No

Plumbing Connections: (Connection to the sewer line)(By selecting a box you are indicating you have this equipment installed)

Equipment	Air Gap	Air Break	Vacuum Breaker	Condensate Pump	Direct Connection
Dishwashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Storage Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks					
Mop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensate Drain lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Supply:

1. Is the water supply public or private? Public Private
2. If private, has source been approved? Yes No
3. Is ice made on premises or purchased commercially? On Premise Purchased NA
4. What is the capacity of the water heater? _____

Sewage Disposal:

1. Is the building connected to a municipal sewer? Yes No
2. If no, is private disposal system approved? (Please provide a copy of the permit) Yes No
3. Is an in-ground grease trap installed? Yes No
4. Where is the grease trap located? _____
5. Indicate the size, make, and model of the grease trap: _____

Fire Safety:

1. Are vent hoods being used? Yes No
2. If yes, describe how they will be maintained: _____
3. Is the vent hood equipped with an automatic extinguishing system? Yes No NA
**Must be present if grease laden vapors are produced when cooking*

General:

1. Are all toxic items used on the premise or for retail sale stored away from food preparation and storage areas? Yes No
2. Are all containers of toxic items clearly labeled? Yes No
3. Will linens be laundered on site? Yes No NA
4. If no, how will linens be cleaned? _____
5. Are all containers used for food made of a food grade material? Yes No NA
6. Will a Certified Food Manager be obtained and registered with the Health Department within 60 days of opening? Yes No
7. Will all required employees obtain a Food Handler certification within 60 days of hire/opening? Yes No
8. Are hand washing signs provided at all hand sinks and in bathrooms? Yes No
9. Are covered waste receptacles available in the women's bathroom? Yes No
10. Are all toilet room doors self-closing? Yes No
11. Are all outside doors self-closing and rodent proof? Yes No
12. Any outside doors or windows intended to be kept open? Yes No
If yes, indicate how you will keep pests out: _____
13. Will air curtains be used? Yes No
If yes, list make, model, CFM rating, and location: _____
14. Will refuse/garbage be stored inside? Yes No
15. Identify how and where garbage cans and floor mats will be cleaned: _____
16. Will a dumpster or compactor be used? Yes No
17. Identify locations of grease storage containers: _____
18. Will there be an area to store returnable damaged goods? Yes No
If yes, where? _____

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from City of Amarillo Developmental Services Office may nullify final approval.

Applicant Information:	
Name:	_____
Phone Number:	_____
Email:	_____
Signature:	_____ Date: _____

Owner(s) or responsible representative(s)

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required by federal, state, or local government. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.