

Phone: (806) 378-9472  
 TDD: (806) 378-4229  
 Fax: (806) 378-3585  
 ehealth@amarillo.gov



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>	
<b>Hours/Days of Operation</b> <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: _____	<b>Type of Services (check all that apply)</b> <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.

## Food Preparation Review

### Food Supplies:

Where will you obtain all food supplies from?

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1. What are the projected frequencies of deliveries for?

Frozen Foods: \_\_\_\_\_ Refrigerated Foods: \_\_\_\_\_ Dry Storage: \_\_\_\_\_

2. How many do you have of the following pieces of equipment?

Freezers: \_\_\_\_\_ Walk in units: \_\_\_\_\_ Reach in coolers & make tables: \_\_\_\_\_

### Preparation:

Does your operation involve any of the following processes?

**Cooling**

Briefly describe your process and what food items will be used:

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**Reheating**

Briefly describe your process and what food items will be used:

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**Time as a Public Health Control- standard operating procedure must be submitted w/application**

Briefly describe your process and what food items will be used:

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**Non-continuous (partial) cooking- standard operating procedure must be submitted w/application**

Briefly describe your process and what food items will be used:

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**Date marking of food items**

Briefly describe your process and what food items will be used:

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**Food Safety:**

1. How will ready to eat food be protected from bare hand contact?

Gloves      Utensils      Food Grade Paper

2. 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, what process will you be conducting? \_\_\_\_\_

**\*A copy of the HACCP plan must be submitted with this application\***

**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:**

1. Identify number of handwashing sinks in food preparation and warewashing areas:

\_\_\_\_\_ Food Preparation      \_\_\_\_\_ Warewashing Area      \_\_\_\_\_ Food Dispensing Area

2. Hot water of at least 100°F must be available at all hand washing sinks. **Please initial if read:** \_\_\_\_\_

**Manual Warewashing:**

1. Will the largest pot/pan fit into each compartment of the 3-compartment sink?  Yes     No

2. What type of sanitizer will be used? \_\_\_\_\_

**Mechanical Warewashing:**  NA

1. What type of sanitizer will be used? \_\_\_\_\_

2. 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)

<u>Equipment</u>		<u>Air Gap</u>	<u>Air Break</u>	<u>Direct Connection</u>
Dishwashers	N/A			
Ice Machines	N/A			
Ice Storage Bins	N/A			
Sinks				
Mop				
Handwashing				
3 Compartment				
2 Compartment	N/A			
1 Compartment	N/A			
Steam Tables	N/A			

**Water Supply:**

- Is the water supply public or private? Public Private
- If private, has source been approved? Yes No
- Is ice made on premises or purchased commercially? On Premise Purchased  NA

**Sewage Disposal:**

- Is the building connected to a municipal sewer? Yes  No
- If no, is private disposal system approved? (Please provide a copy of the permit) Yes No  N/A
- Is an in-ground grease trap installed? Yes No  N/A
- Where is the grease trap located?

5. Indicate the size, make, and model of the grease trap: \_\_\_\_\_

**\*\*City Ordinance Sec. 8-5-27: an in-ground grease trap/interceptor must be a volume of at least 1,000 gallons. If Alternative sizing methods are proposed, detailed plans, calculations, and documentation from a licensed professional engineer must be submitted for approval. A variance must be submitted for approval if the location is changed.**

**Please initial if read:** \_\_\_\_\_

**General:**

- Are all containers used for food made of a food grade material?  Yes  No  NA
- Are hand washing signs provided at all hand sinks and in bathrooms?  Yes  No
- Are covered waste receptacles available in the women’s bathroom?  Yes  No
- Are all toilet room doors self-closing?  Yes  No
- Are all outside doors self-closing and rodent proof?  Yes  No
- Will air curtains be used?  Yes  No  
If yes, list make, model, CFM rating, and location:  
\_\_\_\_\_
- Identify locations of grease storage containers:  
\_\_\_\_\_
- 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.

<b>Applicant Information:</b>	
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.