



**City of Huntsville Health Inspections
448 State Hwy 75 North
Huntsville, TX 77340**

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**PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS
MUST BE COMPLETED BY ESTABLISHMENT OPERATOR /OWNER**

Name of Facility: _____

Date: _____

A plan review fee is due at the time of submittal if cost of project is over \$250,000. Please visit www.huntsvilletx.gov, and look under "Building Permitting" to find the attachment that best suits your project. *Example: If building from ground up, obtain and complete a Commercial Construction Packet.*

Two sets of plans are due when submitting for plan review. Applicant must complete each section of this document for approval. Please provide our department with a phone number and e-mail contact information of the person in charge of your project to allow inspector to address questions they may have regarding your application.

To process your plan review, ensure that all sections are complete and all applicable attachments are included. Below is a check list to aid in completion of this document. Incomplete information will delay your plan approval.

SECTION	ACTION	Pg.	
Procedures for opening a food establishment	Sign and date	3	<input type="checkbox"/>
1. Facility Information	Complete Section	4	<input type="checkbox"/>
2. Owner Information	Complete Section	6	<input type="checkbox"/>
3. Applicant Information	Complete Section	7	<input type="checkbox"/>
4. City Departments / Service Contacts	Contact Required Services	7	<input type="checkbox"/>
5. Plan Review Requirements	Complete Section	8	<input type="checkbox"/>
6. Food Supply	Complete Section	10	<input type="checkbox"/>
7. Standard Operation Procedures	Complete Section; attach additional sheets if needed	11	<input type="checkbox"/>
8. Thawing Frozen TCS Foods	Complete Section	14	<input type="checkbox"/>
9. Hot/Cold Holding	Complete Section	14	<input type="checkbox"/>
10. Cooling	Complete Section	15	<input type="checkbox"/>
11. Re-heating	Complete Section	15	<input type="checkbox"/>
12. Water Supply / On-Site Ice Production	Complete Section	16	<input type="checkbox"/>
13. Hot Water Production	Complete Section	16	<input type="checkbox"/>
14. Handwashing / Toilet Facilities	Complete Section	17	<input type="checkbox"/>
15. Warewashing Facilities	Complete Section	18	<input type="checkbox"/>
16. Sewage and Waste Water Disposal	Complete Section	19	<input type="checkbox"/>
17. Pest / Rodent Control	Complete Section	20	<input type="checkbox"/>
18. Refuse, Recyclables, and Returnable	Complete Section	20	<input type="checkbox"/>
19. Dressing Rooms / Personal Storage	Complete Section	21	<input type="checkbox"/>
20. Backflow Prevention	Complete Section	22	<input type="checkbox"/>
21. Finish Schedule	Complete Section	23	<input type="checkbox"/>
22. Operational	Complete Section; attach documents	26	<input type="checkbox"/>
23. Pre-Inspection Requirements	Complete Section; turn in with review packet, retain copy for pre-inspection	27	<input type="checkbox"/>

Submit plans, completed plan review form (this document), and all attachments to the City of Huntsville Health Inspections Department at:

448 State Hwy 75 North
 Huntsville, TX 77340
 Phone: (936) 294-5700
 Fax: (936) 294-5701

**PROCEDURES FOR OPENING A FOOD ESTABLISHMENT
CITY OF HUNTSVILLE, TEXAS**

The following is applicable to all new or remodeled food establishments. An establishment is considered new when it undergoes a change of ownership.

1. If the establishment is newly constructed or remodeled, all requirements of the Building Official, as well as the Health Inspector, must be met before the restaurant can be issued a health permit to operate.

2. In cases of new construction, or remodeling of an existing establishment, two sets of plans showing the detailed layout of proposed facilities and equipment must be submitted for review by the Health and Building Inspection Divisions. Please review the Commercial Construction–Site and Building Plan Packet for specific requirements of the Building Inspection Division.

3. The attached pages must be filled out completely. Any changes or variations must be approved by the health inspector. Use brief wording for descriptions.

4. All State and local requirements must be met before a new establishment is approved.

5. Under no circumstances can a new establishment, undergoing the permitting process for a restaurant, be allowed to serve food before the health permit has been obtained.

I, _____, have read and understand all the requirements for obtaining a food establishment permit.

Signature

Date

1. FACILITY INFORMATION

Facility Name: _____

Office use only
Planning Unit #

Address: _____

Facility Phone: _____

Web Site: _____

*Emergency Contact
Phone: _____

**Facility Email: _____

Corp. Email
(if applicable): _____

* must be answered after hours, weekends, holidays, 24/7 in case of emergency.

** must be valid email for facility

Facility Type

- New:** Facility will be constructed from the ground up.
- Remodel / Addition:** Current, permitted food establishment that will be remodeled or additions needed
- Conversion:** Current non-food establishment that will be converted to a food establishment
- Change of Ownership:** Current, permitted food establishment that will change ownership

Type of Operation: Check all that apply

- Restaurant: Restaurant with dining area available.
- Takeout: Establishment offers call in take-out orders.
- Takeout Only: Walk-in, walk-up, drive through, or delivery-only; no dining area.
- Food Manufacturing: Facility processes and packages food for retail sale. Will require State manufactured food license.
- Food Warehousing: Facility warehouses food product.
- Institution: School, Hospital, Nursing Home, Detention Facility
- Daycare: Child or Adult
- Retail Food: Grocery Store, Market, Beverage service only; Coffee, Tea, Nutrition drinks, etc.
- Convenience: Convenience Store; fountain drinks, hot hold pre-cooked foods, cold hold pre-packaged TCS foods for sale
- Commissary for Mobile Units: Commissary for mobile food unit(s)
- Sports Grill: Sports Grill will require approval from Planning and Zoning Department
- Bar / Club: Establishment where only drinks will be served
- Other:
Specify Operation

Projected Start Date: _____

Projected Completion Date: _____

Please list below the hours the facility will be open for service:

SUN _____	THU _____
MON _____	FRI _____
TUE _____	SAT _____
WED _____	<input type="checkbox"/> 24/7

Number of Indoor Dining Seats: _____

Number of Outdoor Dining Seats: _____

***Will employees be present at facility before or after posted business hours for food preparation or cleaning? YES NO**

***If yes, describe activity, days, and times employees will conduct food preparation or cleaning outside of posted business hours below:**

Types of Service: check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Dine in | <input type="checkbox"/> Take-Out |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Drive-Through |
| <input type="checkbox"/> Delivery | <input type="checkbox"/> Commissary for mobile food units |
| <input type="checkbox"/> Single-use utensils (disposable) | <input type="checkbox"/> Facility will serve alcohol |
| <input type="checkbox"/> Continuous use utensils (must be washed) | <input type="checkbox"/> Non-smoking |
| <input type="checkbox"/> Other: | |

***The City of Huntsville has a non-smoking ordinance (Article 111 Sec. 32: 166-176)**

2. OWNER INFORMATION

Name: _____

Phone: _____

Address: _____

Alt Phone: _____

Fax: _____

Email: _____

Web Site: _____

3. APPLICANT INFORMATION

Same as above

Name: _____ Phone: _____

Address: _____ Alt Phone: _____

Fax: _____

Email: _____

Web Site:

4. CITY DEPARTMENTS / SERVICE CONTACT CALL LIST

I have contacted the following departments (where applicable) on the dates listed: (failure to contact appropriate departments will delay review)

Authority / Department	Contact Number	Date Submitted / Contacted
<input type="checkbox"/> Permitting Clerk	(936) 294-5710	_____
<input type="checkbox"/> Planning / Zoning	(936) 294-5782	_____
<input type="checkbox"/> Building Inspections	(936) 294-5772	_____
<input type="checkbox"/> Health Inspections	(936) 294-5771	_____
<input type="checkbox"/> Solid Waste Company	(936) 294-5743	_____
<input type="checkbox"/> Utility Billing	(936) 291-5465	_____

5. PLAN REVIEW REQUIREMENTS

The following information must be included in the plan review packet and submitted to the Health Inspections Department for approval: Omission or incomplete information will delay approval process.

- 1. Plan of food establishment (minimum scale of ¼ inch = 1 foot) locating all equipment, plumbing, electrical, and mechanical services; food establishment building site including alleys and streets; and any outside equipment including dumpster(s), well(s), grease interceptor, and septic system (if applicable). Plans must be stamped by a State of Texas licensed architect or engineer.
TFER §228.244 (a)(1)(2)(3). Facility and Operating Plans

- 2. Include plumbing schedule showing location of floor drains, floor sinks, water supply lines, and any overhead waste-water lines, as well as hot-water-generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections. All plumbing shall be installed in accordance with 2015 International Plumbing Code (IPC).
TFER §228.146. Plumbing Design, Construction, and Installation.

Show location, number, and size/capacity of sinks as listed. All plumbing shall be installed in accordance with 2015 International Plumbing Code (IPC).

TFER §228.146

- Hand wash sinks: **TFER §228.223 (i)(1)(2)**
- Warewash sinks: Drain line shall not be direct connect. All warewash sinks shall drain through an air gap to an approved grease interceptor.
- Food preparation sinks: Drain line shall not be direct connect. All warewash sinks shall drain through an air gap to an approved grease interceptor.
- Curbed mop sinks, if applicable: Show location / provisions for hanging wet mops or similar wet cleaning tools.
TFER §228.180. Service Sinks, Availability.
- Service sinks: At least one service sink or one curbed cleaning facility equipped with a floor drain shall be provided and conveniently located. Show location / provisions for hanging wet mops or similar wet cleaning tools and for the disposal of mop water and similar liquid waste.
TFER §228.147(c)(1). Plumbing, Numbers, and Capacity.

- 3. Document source of water and method of sewage disposal. Supply documentation of current water tests if water supply is from a private well.
TFER §228.223 (n)(o)
- 4. If water source is from a private well, facility shall comply with the following:
TFER Subchapter J. Private Water Systems. §228.271. Water Supply and Pressure
- 5. Attach copy of menu or complete list of food items and beverages offered. Include seasonal, off-site and banquet menus and projected daily meal volume (morning, noon, evening, other) for the food establishment.
TFER §228.244 (b)(1)(2)
- 6. Show location of all food equipment. Each piece of equipment must be clearly labeled and show plumbing, drain, and electrical connections. Include food equipment schedule / manufacturer specification sheets with the make and model number, and list any equipment that is certified or classified for sanitation by an ANSI accredited certification program. Include manufacturer's cleaning and sanitation instructions for each piece of equipment.
TFER §228.244 (3)(4)
- 7. Show storage location of poisonous or toxic materials, all cleaning supplies and bulk sanitizers.
TFER §228.213 (1)(2) Storage and Display, Separation.
- 8. Show areas for storage of employee personal items
TFER §228.212. Other Personal Care Items, Storage.
- 9. Show location of lighting fixtures, including covers or shields for lighting above food storage, prep, or serving areas. These fixtures shall meet Texas Food Establishment Rules (TFER) requirements for lighting in food establishments.
TFER §228.177 (1)(2)(3). Lighting Intensity.
- 10. Show location of refuse, recyclable, and or returnable containers.
TFER §228.152. Refuse, Recyclables, and Returnables, Facilities on the Premises.
- 11. Provide ventilation schedule.
TFER §228.178. Ventilation, Mechanical.
If necessary to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes, mechanical ventilation of sufficient capacity shall be provided.

- 12. Complete Section 21 on Page (23) for finish schedules for each room including floors, walls, ceilings, and covered juncture bases. This section must be properly filled out, notation of “**see plans**” will not be accepted.

6. FOOD SUPPLY

All food must be from an approved source

TFER §228.62 (a)-(g)

Frozen foods source:

How often will frozen foods be delivered?

Refrigerated foods source:

How often will refrigerated foods be delivered?

Dry goods source:

How often will dry goods be delivered?

Provide information on the number of units and the amount of space in each unit (in cubic feet) allocated for the following:

Dry Storage:

Shelf area:

Total Dry Storage area (in sq. Ft.):

Refrigerated Storage:

Shelf area:

Total Refrigerated Storage area (in sq. Ft.):

Frozen Storage:

Shelf area:

Total Frozen Storage area (in sq. Ft.):

Identify the location of containers that will be used to store bulk food products (rice, flour, sugar, spices, etc.) below. Containers must be food grade and properly labeled.

7. STANDARD OPERATION PROCEDURES

Describe handling/preparation procedures for the following categories of food. Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where food will be washed, cut, marinated, breaded, cooked, etc. (prep table, sink, counter, etc.)
- When (time of day and frequency/day) food will be handled/prepared.
- Will food served cold be pre-chilled before preparation?
- How required cooking temperatures will be verified.

Attach additional sheets if necessary.

READY-TO-EAT FOOD (e.g., salads, cold sandwiches, raw molluscan shellfish):

READY-TO-EAT FOOD (precooked meats, canned/bagged, tort product):

RAW POULTRY:

RAW BEEF:

RAW PORK:

SEAFOOD:

PRODUCE, FRUIT:

List how produce, fruits, and vegetables received whole (including lemons and limes used for drinks), will be washed before service. List procedures and locations where items will be washed. List procedures to prevent bare hand contact with TRE produce/ lemons and limes.

List all foods that will be cooked and served, (no hot holding):

List all foods that will be hot-held prior to service:

List all foods that will be cooked and cooled for service:

List all foods that will be cooked, cooled, and reheated for service:

Provide a HACCP plan for specialized processing methods of foods such as use of additives to render a food non TCS food (example; sushi rice), curing and smoking for preservation, freezing for parasite destruction, and molluscan shellfish tanks. All specialized processing methods will require a complete and approved variance request form from City of Huntsville Health Inspections Department.

8. THAWING FROZEN TCS FOODS

TFER §228.75 (c)

Thawing Method(s) (check all that apply and indicate where thawing will take place):

- Under Refrigeration:
- Running water less than 70°F (21°C):
- *Microwave (as part of cooking process):
- Cooked from the frozen state:
- Other, (describe):

**TFER §228.75 (c)(3)(B) thawed in a microwave oven and immediately transferred to conventional cooking equipment, with no interruption in the process.*

9. HOT/COLD HOLDING

TFER §228.107 (a) Equipment, Numbers and Capacities.

How will hot food be maintained at 135°F (57°C) or above during holding for service? Indicate type, number, and location of hot holding units below.

How will cold food be maintained at 41°F (5°C) or below during holding for service? Indicate type, number, and location of cold holding units below.

10. COOLING

TFER §228.75 (d)

Indicate by checking the appropriate boxes how TCS food(s) will be cooled from 135°F to 70°F in two hours and from 70°F to 41° in 4 hours. **TFER §228.75 (e)**

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	COLD FOODS	OTHER	LOCATION
Shallow Pans in refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reduce Volume or Size and Place in Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical Rapid Chill Unit (Blast chiller)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stirring with Ice Paddle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Thick Meats = more than one inch; Thin meats = one inch or less.

11. REHEATING

TFER §228.73. Reheating for Hot Holding.

How and where will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach their required temperature for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods below.

12. WATER SUPPLY / ON-SITE ICE PRODUCTION

1. Will ice be made on premises? YES NO

If yes, ice scoop(s) shall be stored in a sanitary manner. Indicate how and where ice scoop(s) will be stored:

2. Will ice be purchased commercially from an approved source? YES NO

3. Will ice be bagged and sold from store location? YES NO

TFER 228.143 (a)(b) Water Quantity and availability

(a) Capacity. The water source and system shall be of sufficient capacity to meet the peak water demands of the food establishment.

(b) Pressure. Water under pressure shall be provided to all fixtures, equipment, and nonfood equipment that are required to use water except that water supplied as specific under §228.144(b)(1) and (2) of this title to a temporary food establishment or in response to a temporary interruption of a water supply need not be under pressure

Facility shall obtain approval from environmental health for any variance of **TFER 228.143 (a)(b)** in response to a water outage event.

13. HOT WATER PRODUCTION AND SUPPLY

List the type, capacity, recovery time, and location of the water heater. Please attach a copy of the water heater specifications:

Type: _____

Capacity: _____

Recovery Time: _____

Location: _____

Facility shall comply with section 228.143 (c) of Texas Food Establishment Rules. **Attach verification from licensed plumber.**

TFER 228.143 (c) Hot water.

(c) Hot water. Hot water generation and distribution systems shall be sufficient to meet the peak hot water demands throughout the food establishment.

List type, number, and size of sinks below. Use additional sheet if necessary. Recommended hot water capacity will be determined by number and type of sinks and machines that require hot water. For multiple compartment sinks, include the dimensions of the largest bowl. **Hand sinks and mop/service sinks do not require dimensions. quantity is required.**

Sink Type and quantity	Dimensions in inches		
	Length:	Width:	Depth:
Example: 1 3-compartment ware wash sink	18"	18"	16"
Example: 4 Hand wash sinks	N/A	N/A	N/A
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many mechanical dish washers will the facility install?
 This includes automated drinking glass washers. _____

List any other equipment the facility will have that will require hot water to be generated for use below.

14. HANDWASHING/TOILET FACILITIES

1. Clearly identify the locations of the handwashing sinks and toilet facilities on plans:
2. Will employees and customers use the same toilet facilities? Yes No
3. Will handwash stations use metered faucets? Yes No
4. Will handwash stations use mechanical faucets (knee/foot operated)? Yes No
5. Will air drying devices be used? Yes No
6. Will there be doors into toilet facilities? Yes No
7. How many handwashing stations will the facility have? _____
8. How many toilet rooms will the facility have? _____

15. WAREWASHING FACILITIES

Manual warewashing

1. Identify the length, width, and depth of each compartment for the 3-compartment sink(s). if facility will have more than four 3-compartment sinks, attach additional page with information. Measurements are in inches; Length x Width x Depth.

	Compartment 1					Compartment 2					Compartment 3				
	L	x	W	x	D	L	x	W	x	D	L	x	W	x	D
A	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___
B	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___
C	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___
D	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___

2. Identify the length, width, and depth of each compartment of the 4-compartment sink(s). if facility will have more than four 4-compartment sinks, attach additional page with information. Measurements are in inches; Length x Width x Depth.

	Compartment 1				Compartment 2				Compartment 3				Compartment 4							
	L	x	W	x	D	L	x	W	x	D	L	x	W	x	D	L	x	W	x	D
A	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___
B	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___
C	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___
D	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___	___	x	___	x	___

3. The largest pot or pan must fit into each compartment of the 3 or 4-compartment sink. If the largest pot or pan will not fit, describe the procedure for manual cleaning and sanitizing of items that will not fit into the compartments of the 3 or 4-compartment sink. This procedure will require approval from City of Huntsville Health Inspections Department.

4. Describe size, location, and type (drain boards, wall mounted or overhead shelves, stationary or portable racks) of air drying space.

5. Total square feet of air drying space available _____ ft²
6. What type of sanitizer will be used? _____
7. Will metered dispensers be used for warewashing chemicals? YES NO
8. Will pre-measured sanitizer solutions be used? YES NO

Mechanical Dishwashing

1. List the make and model of the mechanical dishwasher:

2. List type of chemical sanitizer that will be used:

3. Will machine use hot water sanitization? YES NO
4. What is manufacturer's temperature requirement for hot water sanitization? _____
5. Will a booster heater be installed? YES NO
6. Will ventilation be provided? YES NO
*Contact Building Inspection Department for requirements on ventilation for dish machines.
7. Will establishment have any Clean In Place (CIP) equipment? YES NO
*If YES, include copy of operational and cleaning manual in review packet. Operational and Cleaning manuals shall be present and available in establishment at all times.

16. SEWAGE AND WASTE WATER DISPOSAL

1. Is sewage system public (City Services)? OR non-public (on-site septic system)?
2. If non-public (septic system), has system been approved? YES NO
If yes, attach copy of approved system.
3. Will grease traps/interceptors be required? YES NO
4. Will a sample port be required? YES NO

17. PEST/RODENT CONTROL

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Will all outside doors be self-closing and rodent-proof? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Will screens be provided on all entrances open to the outside? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will all openable windows have a minimum #16 mesh screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will electrical insect control devices be used? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Will air curtains be used? | <input type="checkbox"/> | <input type="checkbox"/> | |
| *if yes, where? | | | |
| _____ | | | |
| _____ | | | |
| 6. Will a licensed pest control company be used? If yes, list: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Identify how all pipes & electrical conduit will be sealed. | | | |
| _____ | | | |
| _____ | | | |
| 8. Describe how the area around the building will be kept clear of unnecessary brush, litter, boxes, and other conditions that could create harborage for rodents and pests: | | | |

18. REFUSE, RECYCLABLES, AND RETURNABLES

- Will refuse/garbage be stored inside? YES NO
 *if yes, where?

- Identify how and where garbage cans and floor mats will be cleaned.
- What company will be used for solid waste collection?

 Frequency of pickup:
- Will a compactor be used? YES NO Number: Size:

 Frequency of Pickup:

5. Will garbage cans be stored outside? YES NO

*If yes, where?

6. Describe surface and location where dumpster(s), compactor, and/or garbage cans will be stored outside the establishment.

7. Identify location of containers for used cooking oil, grease, fats.

8. Will there be an area for recyclables? YES NO

*if yes, describe location.

9. Identify the area to store returnable damaged goods:

19. DRESSING ROOMS / PERSONAL STORAGE

1. Will dressing rooms be provided? YES NO

2. Describe storage facilities for employees' personal belongings (i.e., purse, coat, boots, etc.):

3. Will employees be allowed to bring personal food to work? YES NO

4. If yes, describe below how this food will be separated from food for service to prevent cross contamination:

5. Describe storage and prevention of cross contamination for employee personal medications.

6. Describe policy to prevent cross contamination by employee personal cell phone.

20. BACKFLOW PREVENTION

TFER §228.147 (d) Backflow Prevention

Supply Side, potable water, backflow prevention

Approved methods/devices: Air Gap
 Atmospheric vacuum breaker (AVB)
 Pressure vacuum breaker (PVB)
 Reduced pressure zone device (PRZD, RPZ)

Backflow method/device used:

1. Handwash sink(s)	# _____	_____
Mop sink(s)	# _____	_____
Mechanical Dishwasher(s)	# _____	_____
Garbage grinder, disposal(s)	# _____	_____
Ice machine(s)	# _____	_____
Ice storage bin(s)	# _____	_____
3-compartment sink(s)	# _____	_____
2-compartment sink(s)	# _____	_____
1-compartment sink(s)	# _____	_____
Steam Table(s)	# _____	_____
Dipper well(s)	# _____	_____
Condensate line(s)	# _____	_____
Hose Bibb(s)	# _____	_____
Beverage dispenser(s) with carbonator(s)	# _____	_____
Other:	# _____	_____
Other:	# _____	_____

Waste water, backflow prevention

Discharge lines from mechanical dishwashers, garbage grinders, food prep, and warewash sinks shall not have direct connection to sewer lines. An air gap is required for these sinks and equipment.

21. FINISH SCHEDULE

This section must be completed, response of "see plans" will not be accepted. Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforced Panels (FRP), ceramic tile, 4" plastic coved molding, etc.) will be used on the following areas:

Kitchen Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Bar Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Food Storage Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Restrooms Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Dressing Rooms Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Garbage and Refuse Storage Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Mop / Service Sink Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Warewashing Area Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Walk-in and other Refrigerators or Freezers Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Other Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Other Floor: _____
Floor/Wall Juncture: _____
Walls: _____
Ceiling: _____

Identify the finishes or materials used for cabinets, countertops, and shelving:

Cabinets:

Countertops:

Dry Storage Shelving:

Walk-In Cooler Shelving:

Walk-In Freezer Shelving:

Other Shelving, Describe:

22. OPERATIONAL

1. Identify the location for the storage of poisonous or toxic materials:

2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

3. Will linens be laundered on-site? If yes, what will be laundered and where? If a dryer is used, indicate location of dryer:

4. Identify location of clean and soiled linen storage:

5. How often will linens be delivered and picked up?

6. Identify location in facilities for cleaning mops and other equipment:

7. Indicate all areas where exhaust hoods will be installed:

23. PRE-INSPECTION REQUIREMENTS

The following items will be referenced during plan review of your facility and will be checked during the facility pre-inspection conducted by the Health Inspections Department prior to opening. All equipment shall be installed and operational for pre-inspection. All documentation, variances, HACCP plans, operational SOP's, employee health policy, shall be available on premises at time of pre-inspection.

Use the following check list to ensure items listed below are compliant with Texas Food Establishment Rules prior to calling for pre-inspection of your facility. Items below that are not compliant at time of pre-inspection will delay permitting of your facility. Permitting and facility inspections will be based on Current Texas Food Establishment Rule. Please familiarize yourself with these rules.

Texas Food Establishment Rules (TFER) may be downloaded free of charge at:

<https://www.dshs.texas.gov/foodestablishments/laws-rules.aspx>

1. Every facility shall have at least one Certified Food Manager (CFM).
TFER §228.33 Certified Food Protection Manager Requirements
(a) At least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.
Include copies of all CFM certificates in plan review packet.

2. **City of Huntsville Ordinance Sec. 14-19. - Food Handler Certification Requirements.**
(a) An individual desiring to work in an establishment as a food handler must obtain a food handler certification from a state accredited provider within 30 days from the date of the individual's employment.
(b) The food handler certification card shall be posted in the establishment where the individual is employed in a place which is easily accessible to the health authority.
(c) A copy of this section shall be posted where it is easily available for employees to read.

3. **TFER 228.65 (C)-(G), provide a copy of the facilities written health policy.**
Attach copy of employee health policy to plan review packet.

4. **TFER §228.45. Contamination Events.**
Clean-up of Vomit and Diarrheal Events. A food establishment shall have written procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food establishment. The procedures shall address the specific actions employees

must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.

Attach copy of written procedures to plan review packet.

5. A first aid kit shall be provided.
TFER §228.210. First Aid Supplies. And TFER §228.211 (1)(2)
6. Hot and cold water under pressure
TFER §228.223 (o)
7. Handwashing sink(s) shall be equipped to provide water at a temperature of at least 38 degrees Celsius (100 degrees Fahrenheit) through a mixing valve or combination faucet.
TFER §228.146 (b)(1)
Water at 100 degrees Fahrenheit shall be available at hand sinks within 30 seconds or less.
8. Handwashing sink(s) shall be located to allow convenient use by employees in food preparation, food dispensing, and warewashing areas, and in, or immediately adjacent to, toilet rooms.
TFER §228.148. Plumbing, Location, and Placement.
9. Handwashing sink(s) shall be provided with a supply of hand cleaning liquid, powder, or bar soap. TFER §228.175 (b)
10. Handwashing sink(s); Hand drying provision. Each handwashing sink or group of adjacent sinks shall be provided with:
(1) individual, disposable towels or
(2) a continuous towel system that supplies the user with a clean towel or
(3) a heated-air hand drying device or
(4) a hand drying device that employs an air-knife system that delivers high velocity, pressurized air at ambient temperatures.
TFER §228.175 (c)
Handwashing sinks in employee restrooms that have hand actuated faucets, barriers to entry and exit (doors) shall be provided with disposable paper towels and waste receptacle regardless of other hand drying devices present.
11. **TFER §228.175 (e)** Handwashing signage. A sign or poster that notifies food employees to wash their hands shall be provided at all handwashing sinks used by food employees and shall be clearly visible to food employees.

12. **TFER §228.175 (f)** disposable towels, waste receptacle. A handwashing sink or group of adjacent sinks that is provided with disposable towels shall be provided with a waste receptacle as specified under §228.152(g)(3) of this title.
13. If equipped, self-closing, slow closing, or metering faucets shall provide a flow of water for at least 15 seconds without the need to reactivate faucet.
TFER §228.146 (b)(3)
14. Restroom doors shall be self-closing. **TFER §228.174(d)**
15. A covered waste receptacle is required in women's restrooms. **TFER §228.152 (h)**
Toilet room receptacle, covered, a toilet room used by females shall be provided with a covered receptacle for sanitary napkins.
16. Restrooms shall be equipped with adequate ventilation.
TFER §228.178. Ventilation, Mechanical.
17. Consumer Advisory for foods served raw or undercooked. **TFER §228.80**
18. Glove use / prevention of bare hand: approved food service gloves shall be supplied to prevent bare hand contact of Ready to Eat Foods (RTE)
TFER §228.34 (12)
19. Bare Hand Contact Policy: Bare hand contact policy must be approved by the Health Inspections Department. If facility will engage in bare hand contact with RTE foods, submit written policy to Health Inspections Department. Written policy, training log, and corrective action log must be maintained on premises' and available for inspection.
TFER §228.65 (5)
20. Thermometers, cold hold units: ensure all cold hold units have correctly calibrated and functional thermometers installed. **TFER §221.112**
21. Tip sensitive thermometers: Facility shall have available for kitchen staff correctly calibrated functional tip sensitive thermometers for thin mass foods. Properly calibrated functional thermometers shall be available to kitchen staff during all hours of operation.
22. Data loggers for parasite destruction: If facility performs their own parasite destruction, electronic temperature data logging devices shall be present and used. Facility shall have an approved HACCP plan for this activity.

23. Sanitizer Test Kits: During all hours of operation, facility shall have available to kitchen staff test strips/kits available for all chemical or thermal sanitizers used in facility.
TFER §228.108 (e)
24. Storage of Toxic Items: All toxic items shall be stored to prevent contamination with food and food contact surfaces.
TFER §228.203
25. Spray bottles labeled: All spray bottles shall be clearly labeled with their contents.
TFER §228.202
26. Buffet signs: Self-service consumers may not be allowed to use soiled tableware, including single-service articles, to obtain additional food from the display and serving equipment. A card, sign, or other effective means of notification shall be displayed to notify consumers that clean tableware is to be used upon return to self-service areas such as salad bars and buffets. **TFER §228.68 (f)(2)**
27. Establishments operating under a variance for acidifying foods shall have a working properly calibrated pH meter. Logs shall be available at time of routine inspections. Person in charge shall demonstrate proficiency with pH meter during routine inspection.
28. No TCS foods shall be stored in establishment until facility has been approved to open by Health Inspections Department.
29. Ensure copies of: CFM, Employee Health Policy, Contamination event cleanup procedures, any required variance and or operational SOP's/policies, are attached/included in packet and are available onsite during pre-inspection.